DEKALB
COUNTY
HOME
DCIGS
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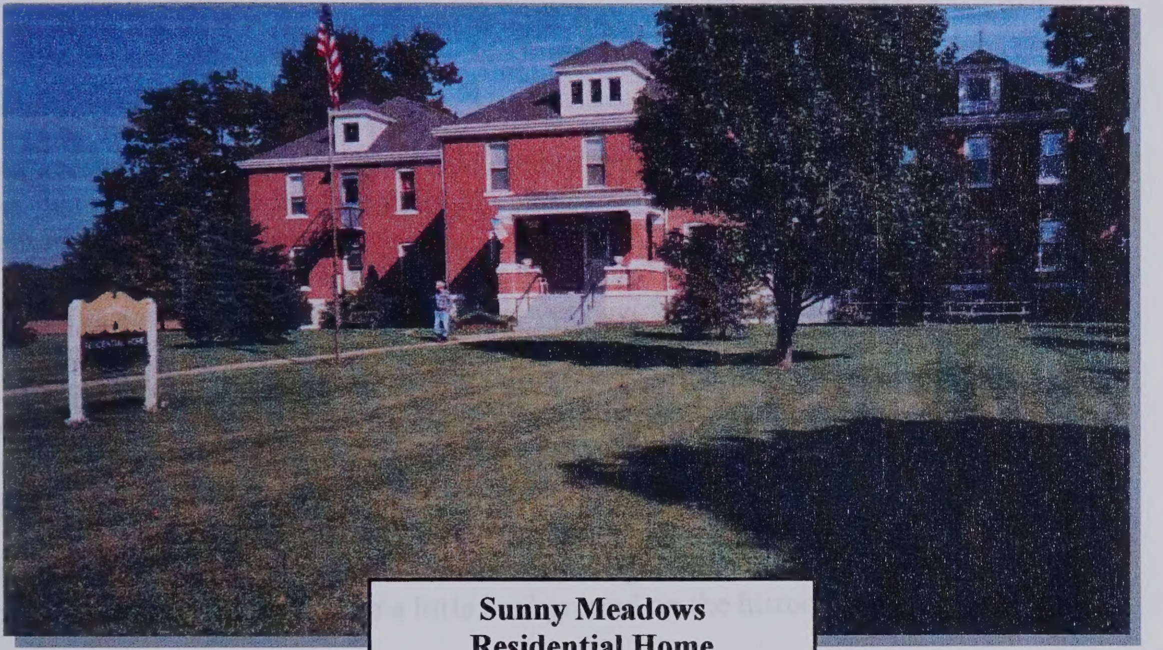
DeKalb County Home
DeKalb County Indiana
1856 to 2000
Original records copied from late 1880s through early 1950s



**Sunny Meadows
Residential Home
DeKalb County, IN**

**DeKalb County Indiana Genealogy Society
March 2002**

Introduction

It was a sunny September day when representatives from the DeKalb County Genealogy Society went to the DeKalb County Farm, now called Sunny Meadows Residential Home. Prior to the visit, permission had been given to copy their records on site with the Genealogy Society's copier.

The County Home is located on County Road 40, northwest of Auburn, Indiana. When we arrived, a cheery yellow and black sign in their well-kept front lawn, saying 'Sunny Meadows Residential Home', welcomed us. The large brick County Home was built in 1908. The former insane asylum section was remodeled into a chapel in 1969. Many other improvements, such as new windows, have been added over the years as the budget has allowed.

The first DeKalb County Farm of 120 acres was purchased in 1856 'to be used for the purpose of supporting the poor of said county' by the DeKalb County commissioners. Before that time, the poor and mentally ill were cared for within homes by persons who contracted with the county or township.

Rick and Janel Snow are the current managers of Sunny Meadows. Rick welcomed us and made us feel at home. It is very evident that Rick and Janel work hard at maintaining a home-like atmosphere for the residents.

Some of the County Home records were in large ledger books that were too large for our copier. They covered the time period of 1876-1885. These books were microfilmed by the Eckhart Library and are available for viewing on two rolls of microfilm.

This volume contains copies of the original County Home records for the late 1880s through the early 1950s. Also included are copies of other original records and various newspaper articles to give a little background on the history of the County Home.

DeKalb County Indiana Genealogy Society
PO Box 6085
Auburn, Indiana
46706
Internet:
http://www.rootsweb.com/~indkigs/main_page.html

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Part I

DeKalb County Home

Sunny Meadows Residential Home

The Auburn Weekly Courier
Auburn, Indiana
March 12, 1908

THE CARE OF THE POOR IN DEKALB COUNTY
Story of the History of the County Infirmary

The old county infirmary building has had its day. It will soon give place to a new one, a larger and more hand-some structure, an honor to the county and a blessing to the unfortunate whose care every tie has imposed upon us. Hence the following from Mr. W. H. McIntosh, one of the old and prominent residents of DeKalb county, giving the Courier something concerning the history of the county farm on which stands the old building and on which the new building will be located will interest many:

Editor Courier--The care of the paupers has always been the duty of the public. In the early days they were sheltered in the home of others and this expense was borne by the township trustees who issued certificates, for this purpose. At the March term of the county commissioners in 1824 such allowances were approved by the commissioners and paid by orders drawn by the auditor on the county treasurer.

Public opinion, with the growth in population, ere long demanded a charge in the method of caring for the poor and prompted the county commissioners to seek for a farm which could be purchased on which a home for the care of these unfortunates could be built. This sentiment soon assumed practical shape and in 1859 the board of commissioners, consisting of Solomon DeLong, Joel E. Thompson, and James M. Goetchius, examined a number of proffered properties and finally, in April, purchased of Mr. Goetchius, a member of the board, a tract of 120 acres in Butler township, paying $3000 for it.

Isaac Brandt, of Auburn, was appointed as agent to secure a superintendent and to provide an outfit of furniture, implements, stock, team and provisions and report to the commissioners at the next regular term. On April 26 Mr. Brandt contracted with J. N. Lyon to superintend the farm for eleven months from May 1st, for which he was to be paid $250 and supplies were to be furnished his family, the inmates and a team. Micheal Long supplied the farm with meat, groceries, hardware, furniture, shoes and the goods were bought at Auburn Dr. J. U. Chamberlain was the asylum physician. In 1858 Peter Barnhart was appointed the superintendent.

In 1896 bids were received to take charge of the farm and the contract was awarded to Nathan H. Matthews on his offer to pay the county a rental of $2.50 per acre for the use of the land and to board the paupers for $2 a week each. In 1863 A Knott, was appointed superintendent and Dr. George Kessler was the asylum physician. In 1865 the superintendent was Wm McBride.

In 1868, at a special session it was decided by the commissioners to purchase another farm for the county infirmary and an appropriation was made for that purpose. Upwards of twenty-five farms were offered to them among them the Amstutz farm two miles west of Waterloo. The commissioners decided on and purchased the farm then known as the Hosler farm, owned by Moses Gonser, located about two miles west of Auburn, in the northwest quarter of section 25, then Richland, but now the northwest corner of Keyser township. It contained 166 acres and had on it a new frame house. The price was $9,130, one third paid April 1, 1869 and the rest one and two years, afterward. Possession was given April 1, 1869. The first in a long line of outlays was a contract to Thomas Baldick for an addition to the house costing $1450.

The first superintendent of the newly purchased farm was Conrad Miller whose disposition and ability admirably qualified him for the position. His salary was $600 and he continued in the place for several years. Mrs. Miller was fitted in caring for the inmates and secured comfort for them. Her successors, Mesdames Rummel, Glazier, and Bartles were happily chosen persons to succeed her in her humane task. It was ordered that no medical service be rendered except by the regular physician, Dr. J. H. Ford. A regard for the superintendent was shown by the earnest request that ministers of the gospel hold services at the farm.

In 1871 there were twenty-one inmates in the asylum, not one of whom was from Auburn. A large barn was built, 40 by 85 feet by Munn, Culver & Houghton that cost $1800. A report by Supt. Miller gave the expenditures as $1915.04, the items being superintendent's salary $600, labor $302. provisions $304.36, clothing $294.62, incidentals $271.95. This report stated in detail the kind and quantity of farm products, valued at $$377.65.

Jonathan Rummel, a veteran soldier of the war of four years service, succeeded Conrad Miller and admirably discharged his duties. Enterprise was shown in obtaining choice grape vines and strawberry and other plants from the agricultural department at Washington. These were faithfully attended to by the inmates and double advantage realized. When Mr. Rummel left the farm .it was thought difficult to find parties to fill the places of Mr. Rummel and wife, but the services of Chas. P. Glazier and wife were secured and they did their duty well.

Mr. Rummel lived for some time in property in the south end of Auburn where he died, and Mr. Glazier on leaving the farm engaged in keeping a hotel in the old Ensley-Harter building on the corner of Cedar and Seventh streets.

He moved elsewhere during the fall of 1907. Augustus Bartles followed Mr. Glazier as superintendent and it is to his credit and that of Mrs. Bartles that they manage so well, with little hired help, that the enlarged farm was greatly self-sustaining and the inmates made comfortable and contented. They deserved an appreciation beyond what they received. The public did not know how well they had done.

One by one the old inmates have dropped off. We recall Jakey Knapp, Dr. Love, Christian Long, Isaac Roch, and Prudence Ritter among others. There are those who have been inmates for many years whose services have much more than repaid their keeping but for whom there is no recompence or recognition.

Year after year repairs and additions were made to the buildings. More crowded became the quarters, more perilous the exposure to fire till the present Superintenrent Brown and wife have an arduous, unenviable task to care for upwards of forty persons some of whom by rights should be in state asylums.

May the time come with completion and occupation of the new asylum when the idiotic shall be sent where they belong and the asylum merit the name in its care for the unfortunate poor who may accept its charity without humiliation.

The structure is to be a credit to the county, may provision for care of the poor forced to seek its shelter be as charitable, that the last days of the aged may be somewhat brightened from the heavy depression of hopeless failure.

W. H. McIntosh

April Special Session 1856

Wednesday April 9th 1856. Pursuant to a call by the Auditor, the Board of Commissioners of DeKalb County, met at the Auditors office of said county for the purpose of selecting and purchasing a farm to be be used for the purpose of supporting the Poor of said County, It being the opinion that the interests of said County demanded the meeting of the said Board ~~for~~ the purpose above mentioned Present their Hons Solomon DeLong, Joel C. Thompson and James Goetschius, Present also M. F. Pierce Auditor of said County and Clerk of said Board

The Board now proceeded to examine different farms that had previously been offered for sale for the abovementioned purpose, and after devoting Wednesday, ~~and~~ Thursday and Friday to the examination of such farms and lands as had been previously entered for sale, and after mature deliberation of the Board and with a strict regard to ~~the~~ cheapness and availability of the said Board, conclude to purchase the East half of the East half of the North East quarter, ~~of~~ Section Eleven, and the South half of the South West quarter of Section twelve all in Town Thirty three, Range Twelve East in said County, containing One hundred and Twenty acres be the same more or less; the said ~~property~~ land being the property of James M. Goetschius. The said Board of Commissioners and James M. Goetschius now proceed to enter into a contract of sale of the above described premises in words as follows to wit:

Article of Agreement between the Board of Commissioners in behalf of the citizens of DeKalb County of the first part and, and James M. Goetschius of said county of the second part witnesseth.

That the said party of the second part in consideration of the sum of Three thousand ~~part~~ Dollars has this day bargained sold and conveyed to the said party of the first part all of the East half of the East half of the North East quarter of Section No. Eleven and the South half of

368 April Special Session A. D. 1856

the South ~~half~~ West quarter of Section No. Twelve all in Town Thirty three Range Twelve east in said County, Containing One hundred and Twenty acres be the same more or less. Also a fraction on the West side of the above ~~mentioned~~ described East half of the East half of the North east quarter, supposed to contain about one acre

The conditions of the above agreement are as follows: The said party of the first part do hereby agree to pay the said party of the second part Fifteen hundred dollars in cash within Ten days from this date, One thousand dollars in one year, and five hundred dollars in two years from this date, the back payments to bear interest at the legal rate per cent.

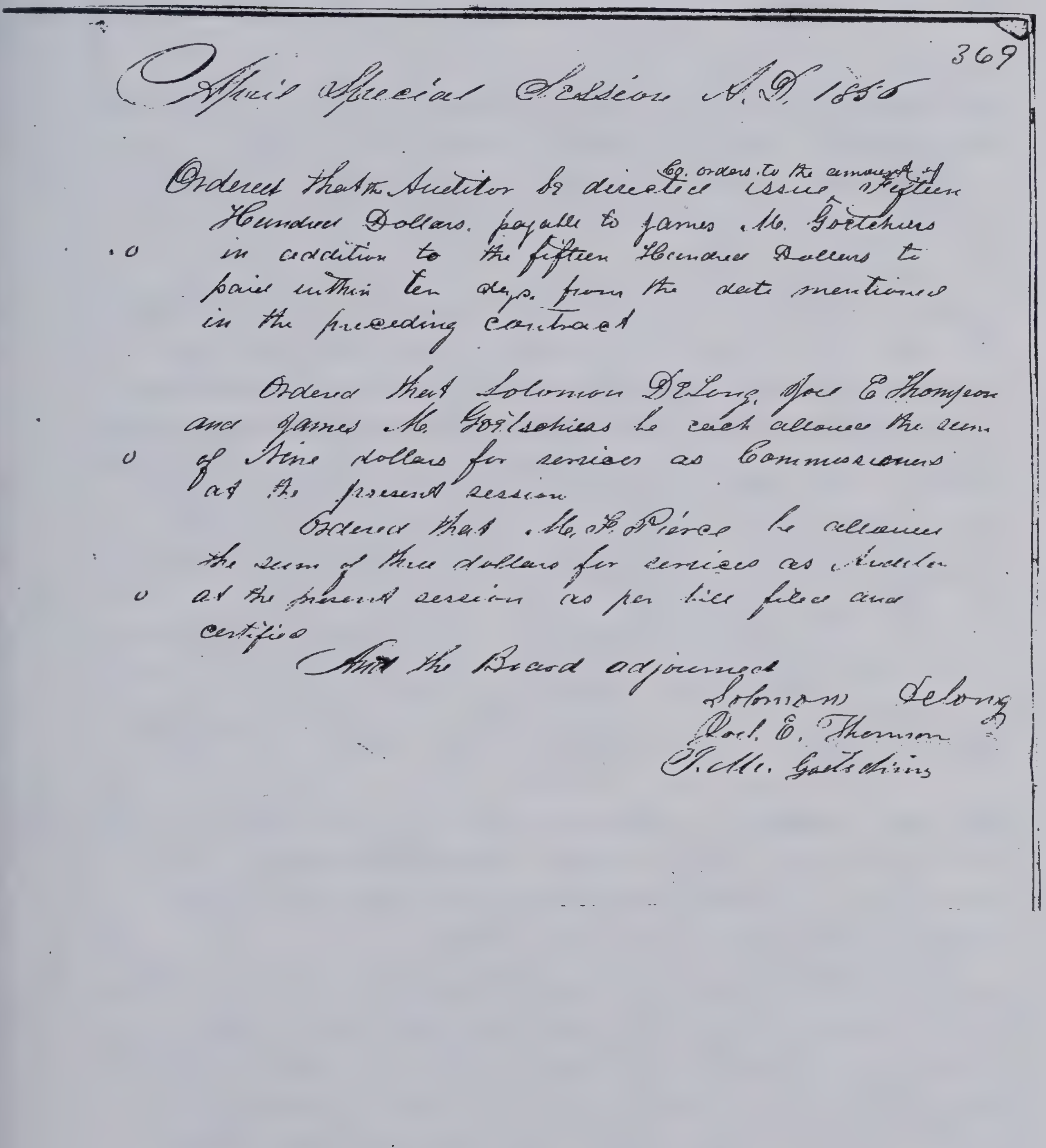
The said party of the second part doth further agree to give peaceable possession of the above described lands with all the appurtenances ~~thereunto~~ belonging on the first day of May next, except about seven acres of wheat on the West side of the Road passing through said land.

In testimony whereof we have hereunto subscribed our names this 11 day of April 1856.

Solomon DeLong
Joel E. Thomas
James M. Goetschius

Ordered that Isaac Brandt be and is hereby appointed an agent, whose duty it shall be to procure some suitable person with a team to take charge of the farm this day purchased for a poor farm ~~also to procure a suitable team, for said purpose~~ and also to procure provisions furniture, stock ~~provisions~~, &c, for the use of said poor farm, and to make a report of his doings as such agent at the next June session of the Board of Commissioners and thereafter at the quarterly sessions of said Board.

And that Isaac Brandt be and is hereafter appointed to close up and conclude all business yet remaining undone with reference to ~~said~~ the contract, between the Commissioners and James M. Goetschius, in the name of said Commissioners



April Special Session A.D. 1856

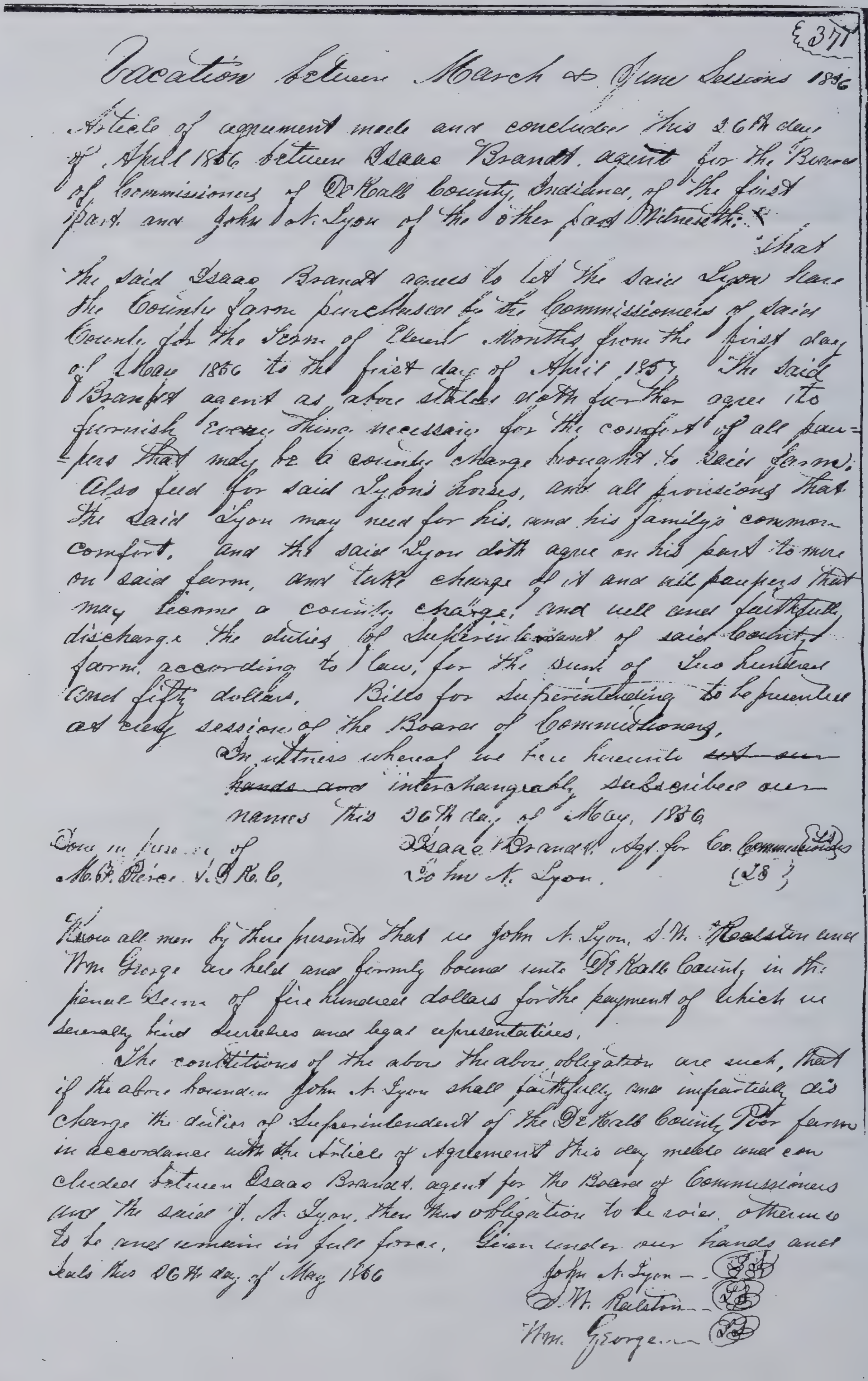
Ordered that the Auditor be directed issue Co. orders to the amount of Fifteen Hundred Dollars. payable to James M. Goetchius in addition to the fifteen Hundred Dollars to paid within ten days. from the date mentioned in the preceding contract

Ordered that Solomon DeLong, Joel E Thompson and James M. Goetschius be each allowed the sum of Nine dollars for services as Commissioners at the present session

Ordered that M. F. Pierce be allowed the sum of three dollars for services as Auditor at the present session as per bill filed and certified

And the Board adjourned

Solomon Delong
Joel. E. Thomson
J. M. Goetschius



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Vacation between March & June Sessions 1856

Article of agreement made and concluded this 26th day of April 1856 between Isaac Brandt agent for the Board of Commissioners of DeKalb County Indiana, of the first part and John A. Lyon of the other part Witnesseth:

That the said Isaac Brandt agrees to let the said Lyon have the County farm purchased by the Commissioners of said County for the term of Eleven Months from the first day of May 1856 to the first day of April 1857. The said Brandt agent as above stated doth further agree to furnish every thing necessary for the comfort of all paupers that may be a county charge brought to said farm; Also feed for said Lyon's horses, and all provisions that the said Lyon may need for his and his family's common comfort. and the said Lyon doth agree on his part to move on said farm, and take charge of it and all paupers that may become a county charge, and well and faithfully discharge the duties of Superintendent of said County farm according to law, for the sum of two hundred and fifty dollars. Bills for Superintending to be presented at every session of the Board of Commissioners.

In witness whereof we have hereunto ~~set our hands and~~ interchangeably subscribed our names this 26th day of May, 1856.

Done in presence of
M. F. Pierce A. D. K. C.

Isaac Brandt Agt. for Co. Commissioners (L.S.)
John A. Lyon. (L.S.)

Know all men by these presents that we John A. Lyon, S. W. Ralston and Wm George are held and firmly bound unto DeKalb County in the penal sum of five hundred dollars for the payment of which we severally bind ourselves and legal representatives.

The conditions of the above the above obligation are such, that if the above bounden John A. Lyon shall faithfully and impartially discharge the duties of Superintendent of the DeKalb County Poor farm in accordance with the Article of Agreement this day made and concluded between Isaac Brandt agent for the Board of Commissioners and the said J. A. Lyon, then this obligation to be void, otherwise to be and remain in full force. Given under our hands and seals this 26th day of May 1856

John A. Lyon (L.S.)
S. W. Ralston (L.S.)
Wm. George (L.S.)

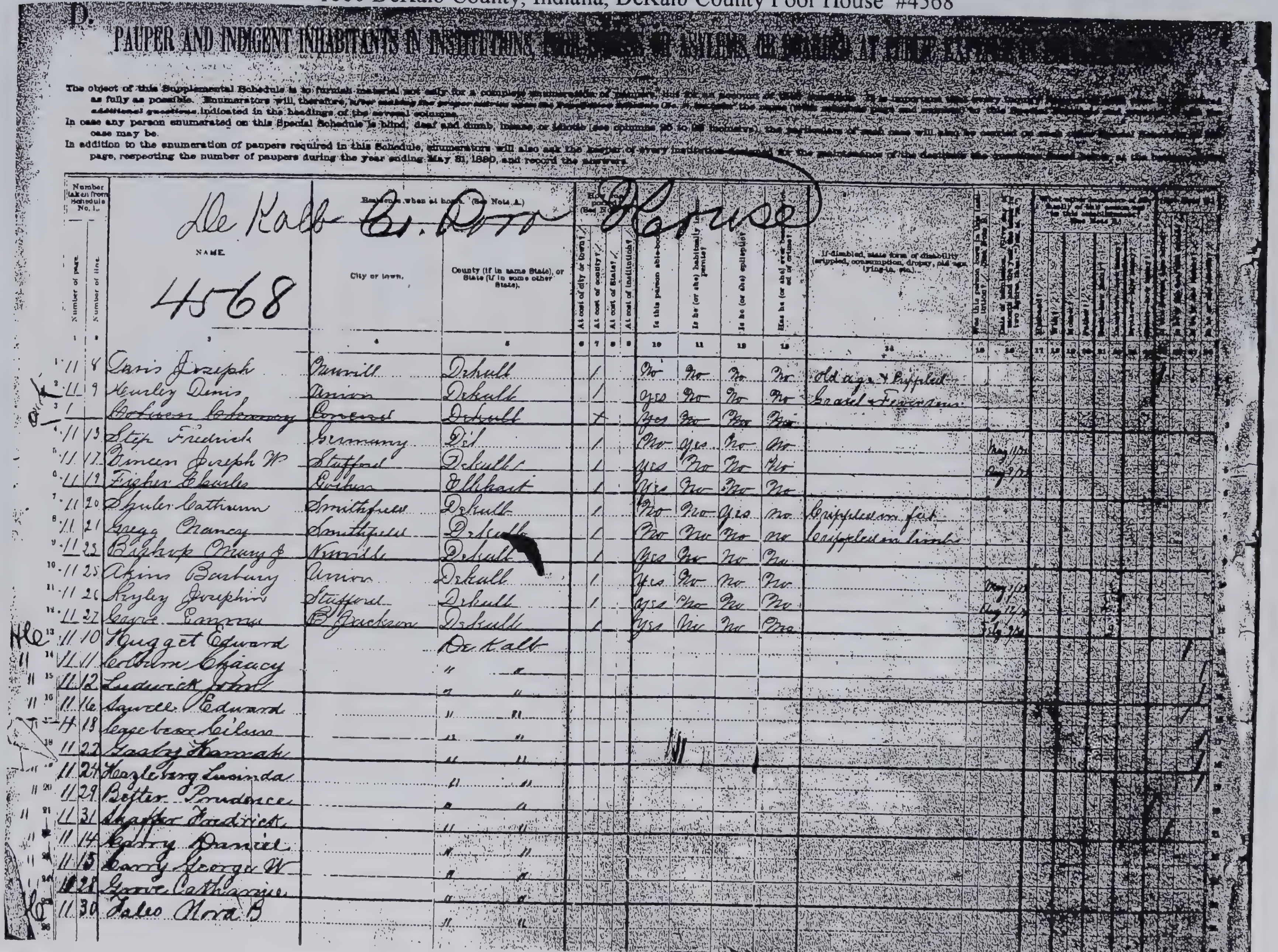
2nd Day Regular February Term 1910
Tuesday Feb. 8-1910.

The Board of Commissioners of DeKalb County, Indiana met in their room in the Court House in the City of Auburn pursuant to adjournment with all members and officers present.

In the Matter of Employment }
of Help on the County Farm }

It appearing to the Board that the agreement between this Board and Jack Albright for labor at the county asylum would terminate on the 15th day of March 1910 and the said Albright having signified his intention of leaving and terminating such employment at said time and it being necessary to provide a person to labor on said County Farm, the Board does now employ one Alva Grogg to work on the County Farm for a period of one year from the 15 day of March. 1910. In consideration for such labor said Board does hereby agree to pay said Alva Grogg the sum of twenty-five ($25.00) Dollars per month, payable quarterly, and also to furnish said Grogg a dwelling house free of rent also pasture and rough feed for one cow, corn to fatten two hogs each fall and also allow said Grogg to keep fifty (50) grown chickens.

Tenth United States Census Supplemental Schedule D, Pauper and Indigent Inhabitants in Institutions, Poor-Houses, or Asylums, or Boarded at Public Expense in Private Houses
1880 DeKalb County, Indiana, DeKalb County Poor House #4568



D.

PAUPER AND INDIGENT INHABITANTS IN INSTITUTIONS, [illegible]

The object of this Supplemental Schedule is to furnish material [illegible] as fully as possible. Enumerators will, therefore, [illegible] additional questions indicated in the headings of the several columns.
In case any person enumerated on this Special Schedule is blind, deaf and dumb, insane, or idiotic [illegible] case may be.
In addition to the enumeration of paupers required in this Schedule, enumerators will also ask the keeper of every institution [illegible] page, respecting the number of paupers during the year ending May 31, 1880, and record the answers.

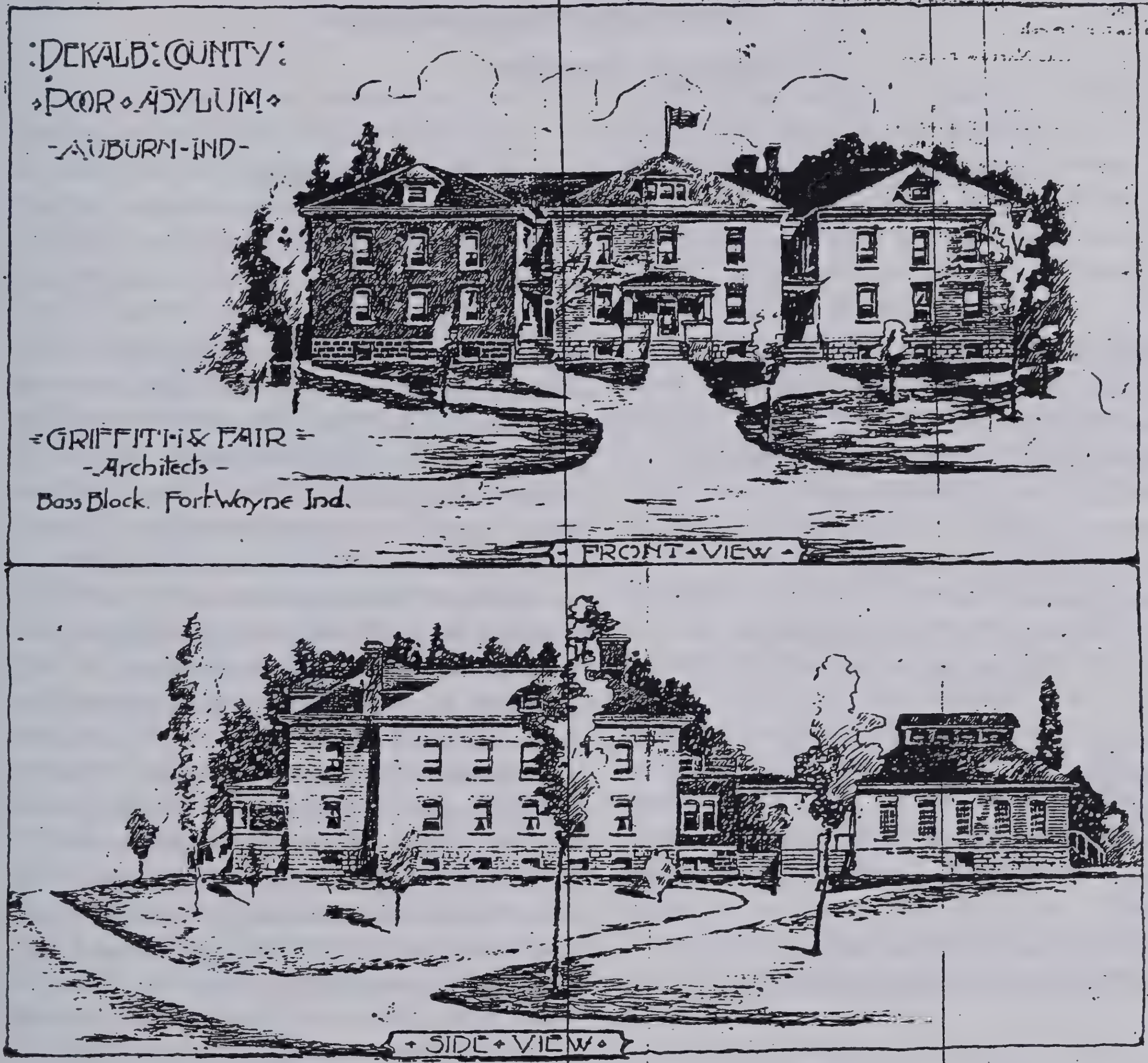
De Kalb Co. Poor House

4568

Number of page	Number of line	Name	City or town	County (if in same State), or State (if in some other State)	At cost of county	Is this person able-bodied?	Is he (or she) habitually intemperate?	Is he (or she) epileptic?	Has he (or she) ever been convicted of crime?	If disabled, state form of disability (crippled, consumption, dropsy, old age, lying-in, etc.)	Date
1	2	3	4	5	7	10	11	12	13	14	16
11	8	Davis Joseph	Newville	Dekalb	1	No	No	No	No	Old age & Crippled	
11	9	Hurley Denis	Union	Dekalb	1	Yes	No	No	No	Gravel & Fever sores	
1		Bolivan Catharine	Concord	Dekalb	1	Yes	No	No	No		
11	13	Step Fredrick	Germany	Dil	1	No	Yes	No	No		May 11/80
11	17	Vincen Joseph W	Stafford	Dekalb	1	Yes	No	No	No		Aug 9/80
11	19	Fisher Charles	Goshen	Elkhart	1	Yes	No	No	No		
11	20	Shuler Cathrine	Smithfield	Dekalb	1	No	No	Yes	no	Crippled in feet	
11	21	Gregg Nancy	Smithfield	Dekalb	1	No	No	No	no	Crippled in limbs	
11	23	Bishop Mary J	Newville	Dekalb	1	Yes	No	No	No		
11	25	Akins Barbary	Union	Dekalb	1	Yes	No	No	No		
11	26	Ryley Josephine	Stafford	Dekalb	1	Yes	No	No	No		May 1/80
11	27	Cayre Emma	B Jackson	Dekalb	1	Yes	No	No	No		Aug 12/[illegible]
11	10	Hugget Edward		De Kalb							Feb 9/[illegible]
11	11	Colburn Chancy		" "							
11	12	Ludwick John		" "							
11	16	Sawell Edward		" "							
11	18	Legebear Wilson		" "							
11	22	Gaalry Hannah		" "							
11	24	Hazleberg Lucinda		" "							
11	29	Botter Prudence		" "							
11	31	Shaffer Fredrick		" "							
11	14	Carry Daniel		" "							
11	15	Carry George W		" "							
11	28	Grove Catharine		" "							
11	30	Tales Nora B		" "							

THE OFFICIAL DEMOCRATIC NEWSPAPER OF DE KALB COUNTY.

DeKALB AUBURN, COUNTY, INDIANA, THURSDAY FEBRUARY 13, 1908.



The New County Infirmary Building

The county commissioners of DeKalb county met Friday afternoon at their room in the court house for the purpose of receiving bids for the erection of the new county asylum for indigent persons of the county in accordance with the plans and specifications on file in the county auditor's office, the advertisement for which has been appearing in the courier for the last six weeks. For the building the county council has appropriated $30,000. The plans and specifications were drawn by the architect firm of Griffith & Fair of Fort Wayne their plans having been accepted by the county commissioners. The courier today presents a view of our new county building as drawn by this well known architect firm. The work on the new edifice will be begun at once and pushed rapidly to completion. It will be an adornment to the splendid 320 acre farm of the county and provide a comfortable and pleasant home for those who, because of their unfortunate circumstances, must be provided for by the public.

Auburn Courier
Auburn, Indiana
February 13, 1908

Contracts Awarded

Successful Bidders for the New County Infirmary Building.

At their session Saturday, late in the afternoon, the county commissioners awarded the contracts for the construction of the new county infirmary building to be erected this year. The successful bidders, and those to whom the contracts were awarded by the commissioners were:

Fred J. Rump of Fort Wayne general contract, including the insane ward $19, 937.

Hipskind & Hipskind, of Wabash Plumbing, including the insane ward $1567.

Hipskind & Hipskind, of Wabash heating, including the insane ward $1700.

J. R. McDowell of Auburn electric wiring including the insane ward $216.

Mr. Rump who was given the general contract, has already filed his bond for the proper doing of the work. The dispatch of Saturday stated that the bid of Mr. Rump was $22, 237. The Fort Wayne Journal Gazette of Monday morning made the same statement. Both are incorrect. The accepted bid of Mr. Rump for his work, including the insane ward, is $19, 937. Both of these papers also made mistakes in giving the amount of the other bids.

The amounts of the above contracts awarded would aggregate $23,420. This, with the exception of the architects price for plans, etc will practically be the cost of the county's new buildings, which is $6000 less than the $30000 appropriated and for which bonds were issued.

The Evening Star
Auburn, Indiana
October 17, 1929
Page six

5 AT COUNTY FARM 50 YEARS OR MORE

Of the thirty-five inmates at the DeKalb county home, five have been at the farm for fifty years or more, M. L. Leighty, superintendent of the Institution told the members of the Auburn rotary club Monday evening.

Mr. Leighty related the early history of the county farm, stating that the first one was located on 120 acres of land in Jackson township, now owned by Dr. H. O. Yarian. The present site, two miles northwest of Auburn, was acquired about 63 or 65 years ago.

Under the administration of Mr. Leighty, the county farm has been conducted the most successfully of any time in it's history and he attributes this success to the interest that the "old boys and girls" take in the home. Everything is business from morning to night at the county farm. One girl gets up at 5 o'clock in the morning and rings the bell which means that it's time to staft the day's work. There is no staying in bed. At 6 o'clock the breakfast bell is sounded and at 12 o'clock the bell for dinner and 6 o'clock the evening meal.

Every person at the home has some particular duty to perform during the day and he is responsible for seeing that is done. One man who has been at the home for 56 year or 57 years is still working a big team although 76 years of age. Why does Silas Casebeer do this? Because some one got him interested, Mr. Leighty declared. When the team is to be shod, it is silas who takes the horses to town and Mr. Leighty sees that he has a nickel to buy a cigar, making him feel like a man.

When harvesting is completed, Mr. Leighty always buys ten gallons of ice cream for the people at the home, paying for it from his own funds. It pleases the "boys and girls" and they feel that some one is taking an interest in them and appreciates their efforts.

Mr. Leighty told of the big profit made from feeding cattle at the farm. He said that in the twelve years and one-half in which he had been superintendent the "old boys and girls" had turned back into the county treasury $68,108. 82.

The expenses so far in 1929 have amounted to $8,070.22 and $2,994.63 of the appropriation for the year is still unused. A total of $6, 828.53 has been turned back into the treasury and in addition there are 1, 054 bushels of wheat, fifty bushels of clover seed, 150 tons of alfalfa and clover hay and fifty acres of wonderful corn which can be sold or fed to livestock. In addition the cellar is full of vegetables for use this winter and livestock which will provide $1,000 worth of meat has been produced on the farm.

"It is surprising how many old people there are in DeKalb county who do not have a place to lay their head." Mr. Leighty declared in closing his interesting talk. "Ninety per cent of these have been taken advantage of by other persons by fraud or other means."

The County farm should be one of the most up-to-date and productive farms and, in fact, it should be an educational place and should be an educational place and should be made if possible the beauty spot of DeKalb county, Mr. Leighty asserted.

The Evening Star
Auburn, Indiana
Tuesday October 31, 1933

Finds Matron Dead on Basement Floor

Mrs. S. F. Morr Suffered Heart Attack while Churning at DeKalb County Infirmary

Stricken with a heart attack Monday afternoon while churning butter in the basement of the DeKalb county home, Mrs. Nelia Morr, the matron, was found dead at 4 o'clock by her husband, Samuel F. Morr, the superintendent. Death came suddenly before she could make any outcry.

Mr. Morr left the county farm shortly after 2 o'clock on some business. On his return two hours later he inquired where Mrs. Morr was and none of the inmates were able to inform him. He looked through the upstairs rooms then went to the basement where he saw his wife lying on the floor. Mr. Morr thinks she died shortly after she started to churn from the way the milk appeared.

Mrs. Morr would have been 55 years of age on Thursday of this week. She was born Nov. 2., 1878, the daughter of James and Emma Gibford. On June 13th, 1897 she was united in marriage with Mr. Morr at St. Joe. To this union were born five children, four of whom survive, Harry of Garrett, Mrs. Hilda Heil of South Bend and Ralph and Marshall residing at Concord. A son, Arden Morr, former deputy sheriff of DeKalb County, died on February 6th 1928. There are three brothers living, Cormie Gibford of Detroit, Charles Gibford of Pontiac and Roy Gibford of Concord, also four grandchildren.

Mr. And Mrs. Morr had been in charge of the infirmary since last March, moving there from their farm near Concord five miles east of Auburn. Mrs. Morr was apparently in good health up until the time she was stricken. Dr. Benjamin O. Shook of Spencerville, county coroner, gave as his opinion after an inquest, that the death was due to coronary thrombosis.

Mrs. Morr was an attendant of the Concord M. P. church and belonged to the Ladies Aid society of the church. She was also active in the work of the Women's Home bureau of Concord township.

The funeral services will be held at 2:30 o'clock Wednesday afternoon from the Concord M. P. church and burial will be made in Roselawn cemetery, Auburn.

DeKALB COUNTY HOME

1969

SUPERVISED

Cecil Parker — Superintendent

Norma Parker — Matron

THE BOARD OF COMMISSIONERS

Herman Collins — President

Frank Laub

Robert Forrest

COUNTY AUDITOR

Dorsey Likens

COUNTY COUNCILMEN

James Habig — President

Burley Ensley

Charles R. Ridge Jr.

Grace Phelps

Harold Smith

Theo Webb

Lawrence Bowmar

FACTS — DEKALB COUNTY HOME

The present site of the home is in the area in Richland township acquired from Daniel B. Shull, etal December 3, 1902.

The acreage in Keyser township was acquired from Moses Gonsor, etux on February 8, 1869.

Present home built in 1908.

Asylum remodeled to chapel in 1969.

Approximate rooms for 35 residents in the home at present.

Buildings consist of:
18 private, 3 wards, 2 employee's rooms, 1 kitchen, 2 living rooms, 2 dining rooms, boiler rooms and laundry in basement, living quarters for superintendent.

Tenant home and dairy operation.
Operated by David Kimmel.

At present, there are 26 residents in the Home. They range in age from 42 through 92.

Evening Star
Auburn, Indiana

County Home—no Institution

By Nikki Nixon
Star Staff writer
(First of a series)

There's a wide gulf between an impersonal institution and one that is a home. People who care make the difference.

Such people are Cecil and Norma Parker, superintendent and matron at the DeKalb County Home. Their presence transforms what could be a bleak, desolate place into something resembling a big, happy family.

How do they do it? What makes this county home better than others? One answer is the farm.

The words "county farm" and "county home" used to be interchangeable. The county farm was part and parcel of the home, but nowadays most county homes have gotten rid of their farm – and, along with the farm, they lost a lot of what Parker calls "physical therapy."

"Physical therapy" is the chores and activities that go along with running a farm and harvesting a truck patch. Parker says the home's old folks take great pride in the little jobs they do to help out.

"You should see how pleased they are with themselves when they clean the cornfield and come back with several bushels of corn the picker missed," Parker said, looking pleased himself.

Mrs. Parker said the home's women residents help with the dishes, set tables, take care of the produce, husk the corn and "clean" green beans.

The men help with milking, clean the barn, work in the truck patch, unload feed, tend chickens and harvest corn. Each takes care of his own room, Parker said.

Robert Forrest, county commissioner, said, "Anyone who doesn't want to work doesn't have to." But Commissioner Frank Laub, pointed out, "if they keep busy, they're happier."

A monument to this helping out spirit is the chapel. Before it was remodeled in 1969, the chapel was the asylum. The cell walls were torn down and the bars removed and used at the county jail.

"There were 15 to 20 loads of brick that people of the home helped carry out in three or four weeks. It was a dusty mess," Parker said.

But there are no signs of that now. The sunlit-room looked peaceful and tranquil, with its chairs in orderly rows, and a piano and podium at the front.

"This is very sacred to these folks," Parker said. "They're very quiet when they come in and they don't smoke." Churches take turns giving inter-denominational services and clubs come here to entertain the residents and play bingo, he said.

Not only does the farm produce physical therapy, it provides something much more tangible, money. The farm income is considerable.

Dorsie Likens, county auditor, said last month Parker grossed $4,500. "Last year he turned back about $49,000 to the general fund," Likens said. This year Parker said he wanted to turn back $60,000.

This brings up an important point. The county home budget is very misleading, according to the auditor and the commissioners. "People see a $60 to $70,000 budget for the county home," Commissioner Forrest said, "but they don't realize Parker turns back about $50,000 into the general fund from the farm income and payments from residents."

On the basis of this two years ago Auditor Likens figured the average cost per resident to be near $1.80. Likens said the same people could have been in a nursing home on welfare "and then the county would be paying a lot more."

Parker has 42 milking cows and 300 chickens that supplies the home with milk, eggs, and beef. He also produced 150 tons of hay this year and 30 to 40 tons of straw for bedding.

The county home would be self-supporting from farm and resident payment income if it weren't for capital improvements. Though built in 1908, the building is well-kept.

"We started remodeling seven years ago when we first came here from a farm in Ashley and we've done a little bit each year," Parker said. The improvements and the cleanliness of the home show that obvious care was taken. Old bathtubs with legs were replaced with modern ones, linoleum was laid in the washrooms, and sinks were put in upstairs instead of just downstairs, he said.

"We sanded and refinished the wood floor," and he looked proud when he pointed to the new silo and barn roof.
Norma displayed an efficient looking kitchen with an automatic dishwasher, walk-in cooler and other modern appliances leaving no trace of the old-fashioned stove that used to be there.

The improvements are decided on by the county commissioners, county council, grand jury and the Parkers. The commissioners consider it money well-spent "or we wouldn't appropriate it," Forrest said.

Part Two: A quick tour of the home while the Parkers tell of the rewards of their work and how they live with death.

38-year resident

CROCHETING IN her room is Mary Lou Miller. The quilt on her bed was given to the county home and Mrs. Parker put it in Mary's room because she's been there the longest, 38 years. Her room is decorated with crocheted pieces she has made and dolls from her collection. Each resident takes care of his own room.

(Star photo by Nikki Nixon)

Harvest

CHARLES "TOPS" Steffens displays the red beets grown in the truck patch at the county home. Cecil Parker called him a "very helpful, all-'round handyman. He gets up the potatoes, brings in the green beans, and helps out in many other ways." Tops has lived at the home for 12 years. Many of the residents at the home help with farm chores.

(Star photo by Nikki Nixon)

The Evening Star, Auburn, Indiana, August 3, 1999

New Managers Hired to Run County Home

By Amy Rekeweg

AUBURN - An Auburn couple have been named the new managers of DeKalb County home, Sunny Meadows. Richard and Janel Snow were formally hired by DeKalb County Commissioners Monday. The couple will replace Donna Dudash, who will retire in October after operating the home with her late husband, Robert Dudash, for 17 years.

Janel Snow will begin work at the county home next week. Her husband is expected to join her soon afterward.

"We're very excited," Janel Snow said Monday. "It's an opportunity for us to work together as a family. Like many people, we have always wanted to do something to make a difference. We look forward to offering the residents of Sunny Meadows a good life."

The Snows said they respect the services the Dudashes have given the county, and they hope to follow their example.

Janel Snow has worked as a program director at a radio station in Lexington, Ky. Richard Snow served as head of maintenance at a Lexington hotel. The Snows have been married for 15 years and have two children.

Sunny Meadows currently serves 28 residents. The home is located on County Road 40, west of Auburn.

The Evening Star, Auburn, Indiana, Tuesday June 27, 2000, p.A6

DONATED ARTWORK — Artist Wanda Bowman recently painted and donated a portrait of Sunny Meadows to the residents of the county home. Showing the portrait in front of its subject Monday are (from left) Sunny Meadows managers Rick and Janel Snow (who also are Bowman's son-in-law and daughter), and DeKalb County commissioners Connie Miles and Don Kaufman. Commissioner William C. "Chuck" Ort was not available for the photo. (Star photo by Amy Rekeweg)

Part II

DeKalb County Home Records

Book I

Book I

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W	on	page	No	220
X	on	page	No	230
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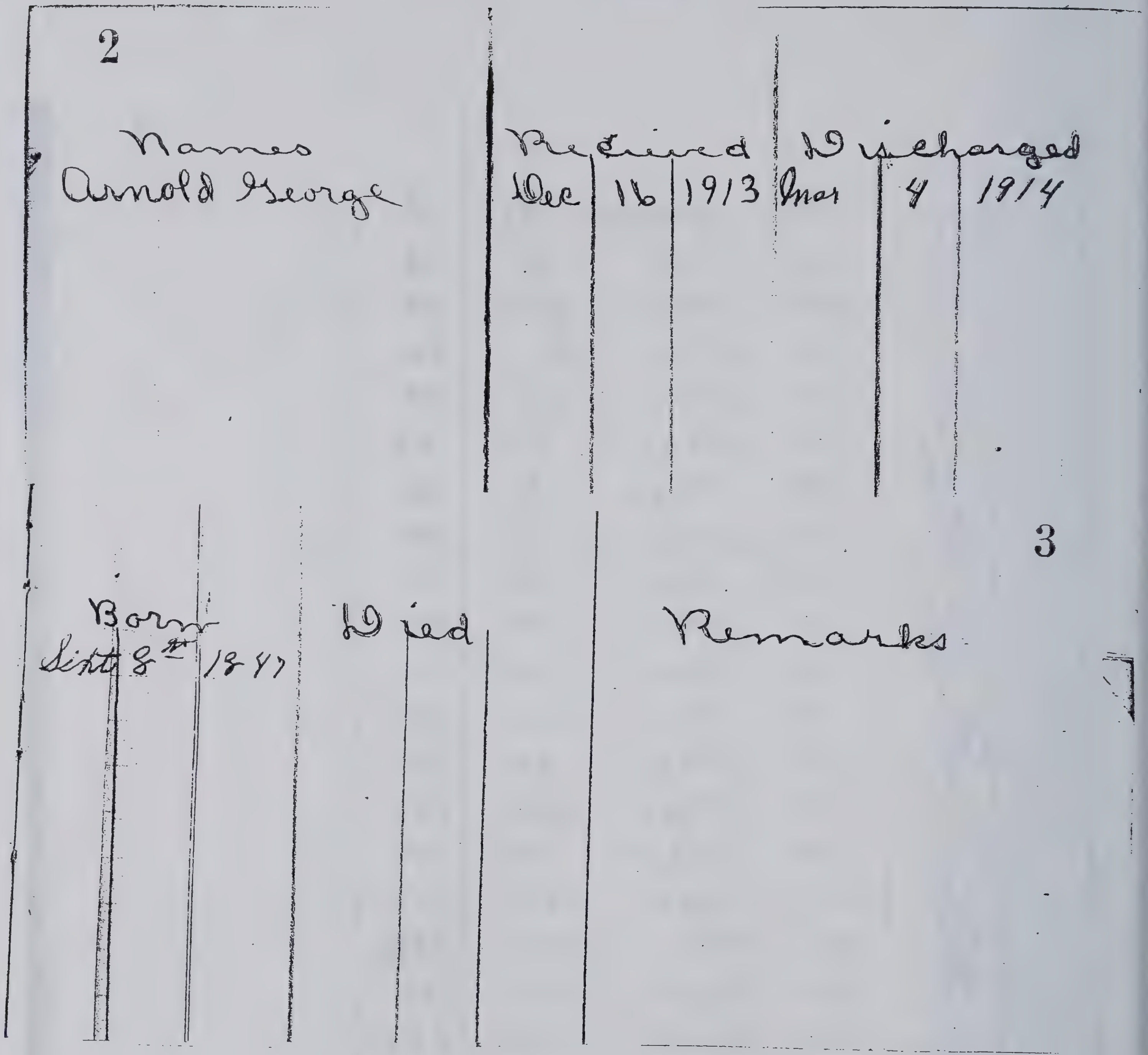


2

Names	Received			Discharged		
Arnold George	Dec	16	1913	Mar	4	1914

3

Born			Died			Remarks
Sept	8th	1847				

nettie went to Waterloo July 13th

came home the 17th of Aug.

Mary Lou went Aug. the 10th

Ira Cramer went away Aug 10a

10

Name	Received			Discharged		
Bell Rebecca	April	4	1912			
Black James	July	6	1900			
Barkley Wm	Jan	27	1904			
Belmyer Emma	Sept	12	1912			
Bannack Edward	Mar	4	1914	June	22	1914
Brown Edward	Nov	9.	1915	Dec	15	1915

20

Name	Recieved			Discharged		
Crowl Myrtle	Jan	13	1906			
Colbert Rosa	May	19	1909			
Casebeer Silas.	May	28	1889			
Coburn Frank.	May	4	1912			
Courru Fred	July	17	1914	Aug 18 1914.		
David Curry	Mar	29	1916	April	3	1916
~~Parks Emma~~	~~Jan~~	~~30~~	~~1917~~			
Cowel Sarah	Jan	30	1917			

30

Name	Recieved			Discharged		
Downed Elizabeth	Oct	12	1898			
Dodge Charles	Feb	26	1910			
Downing Harry	Nov	23	1905			
Depew May	July	6	1916	Dec	3	1916

Born			Died			Remarks.
Oct	25	1833				
Feb	12	1840	Aug.	26	1915	Kidney Trouble
		1845				
		1864	Oct	5	1912	
July	19	1894				Went to Mexico City
Aug	2	1887				Rail-roader by trade

Born			Died		Remarks.
Mar	5	1883			
Feb	3	1873			
Dont Know					
Dont Know					Warren Penn Irvin Cousins Bro. to Fred
Nov	26	1862			
Oct	6	1850			Went to Garrett Ind to live with his son
Nov	~~12~~	~~1860~~			
Aug	11	1831			

Born			Died			Remarks.
Dont	Know		April	16	1913	Blood poison.
"	"					
July	31	1870				
Jan	24	1896				Went to Garrett Ind

40

Name	Recieved			Discharged		
Esselburn Lucinda						
Elsom Fred.	Dec	12	1912	Dec	26	1912
Edwards Wm.	April	17	1913	Mar.	29	1916
Elson Fred	Nov	11	1913	Mar	17	1914
Etter Henry	Mar	11.8	1914			
Elsom Fred	Dec	24	1915			
Ells Wm D.	Jan	4	1916	May	15	1916
~~Elson Fred~~						

50

Names	Recieved			Discharged
Fields George	Mar	12	1900	
Fagan James F.	August	22	1913	
Foltz Amanda	Aug	12	1916	
Fletterhoff Timmie	Sept	7	1916	

60

Names	Recieved			Discharged	
Garrett Isah	Aug	16	1913		
Greubaugh Ephriam	June	1	1916	June 14	1916

41

Born			Died			Remarks.
Dont Knows						
Nov	18	1848				
Oct.	28	1841	Dec	27.	1915	
Nov	18	1848				
Sept	21	1841	mar	19	1914	Heart Trouble.
Nov	18	1848				
April	1.	1845				

51

Born			Died		Remarks.
	1842		Feb. 4.	1915	Died with heart trouble
	1391		August 23	1913	Died with consumption
Oct	18	1843			
July	2	1885			

61

Born			Died			Remarks.
may	1	1845	may	1.	1916	
April	7	1839				

70

Names	Recieved			Discharged	
Heller Abigail	June	6	1912		
Heller George	June	6	1912		
Homberger Peter	April	17	1906		
Hawkins Henry	May	1	1912		
Hull William	Sept	4	1912		
Hendrich. John	April	17	1913		
Hennessey James	Dec	31	1914	May 29	1915
Hessey Jacob	Jan	7	1915	Aug 14	1916
Huffam Fred.	April	13	1916		

90

Names	Recieved			Discharged
Jackman Fletcher	April	30	1913	
Jackman, Taylor Sarah	April	17	1914	

100

Names	Recieved		Discharged
Konard Ignatious	June 12	1904	
Kelley Maggie	May 29	1913	
Kelley Charles son of Maggie	May 29	1913	

71

Born	Died	Remarks.
Sept 2 1839	Sept 2 1915	Died of old age.
Sept 23 1822	April 17 1916	Died of old age.
Dont know		
1854	Sept 28 1913	Died with Consumption.
Aug 30 1894	August 19 1915	Died of Heart Trouble
Dec 25 1849	Nov 8 1916	Died with Dropsy
Oct 14 1843		
Mar 16 1836	Dec 2 1917	Went to State of Penn Died in Penn
Don't Know	June 5 1916	Died of Paralysis

91

Born	Died	Remarks.
July 8 1850		
Dec 28 1828		

101

Born	Died	Remarks.
Dont know.		
June 3 1893		
Feb 26 1913		

110

Names	Recieved			Discharged
Lodwich John	Don't Know			
Likens Isaah	Jan	16	1907	
Lochamier Nathen	Sept	27	1912	
Lotetzenhiser Reubem	Feb ~~24~~	24	1914	
Luce Emma	Oct	3	1916	
Layman Lewis	Nov	15	1916	

120

Names	Recieved			Discharged
Meeks Mary	July	10	1912	
Mc Dormen Sarah	Jan	10	1898	
Mayor John	April	2	1912	
Metcalf Henry	Dec	2	1909	
McCall Patrick	Dec	20	1910	
Moleopsay Leo	Aug	22	1903	
Mercers C.E.	May	24	1916	

130

Names	Recieved			Discharged
Nighswander John	Dec	19	1916	

111

Born			Died			Remarks.
Sept	1	1847				
June	22	1867				
Dont		Know				
April	3rd	1827				
Feb	25	1853				
Sept	25	1849.	May	26	1917	

121

Born			Died			Remarks.
		1843	Sept	21	1912	
aug	9	1854				
Dec	19	1827				
Aug	18	1853	Sept	13	1913	
Mar	17	1842	Mar	8	1917	of old age
Dont		know	Sept	20	1915	
Aug	27	1859				

131

Born			Died			Remarks.
May	15	1860				

132

Names Recieved

Adams Geo. Nov-9th 1934
In case of death notify Elmer Orr
214. Burton St Garrett Ind.

140

Names	Received	Discharged
Crowl Myrtle	1891	
Cramer Ira	Feb 5 1940 ~~875~~	
Cloy Henry.	May 31st 1934	

Born		Died	Remarks.
Mar 5	1883		mothers name Martin Gertrude Milo Carpenter Travis City Mich
	1875		Jess Cramer Altona in Case of death.
	1870		Has a sister Toledo O Mary Kalb 1227 Huron St. Mrs B. C. Gohkle 329 E Lincoln Findley Ohio

was admitted
George Adams April 8 1834
Died July 12-1942 at Garrett Hostipal
at about noon. Hinklin the undertaker
he was 78 yrs. old July-8-1942.

Leonard Bassals.

Reuben Brown.

Abner Carnahan.
Admitted May 21-1940 - age 85 or 86

Clarence Coburn.
Admitted Oct 14th 1939 - age 62
Clyde Rectenwalt Trustee

Geo Collins
Died Dec 25 1942

Henry Clay.

Myrtle Crowl.

Ira Cramer.

Henry Cobbler.

Kenneth Crowl.

Chas H. Frick.

Dragoo Roem.

Herman Green.

Geo Harker.

P Edward Haynes.

Mary Jackson.

Marie Kimes

John Krontz

Joseph Lower.

Roxie Lint

Lords
Erine F. Lords.

Alfred Muhn.

Marion Millman

Mary L Miller

Senia Parks.

Ethel Palmer.

Nettie Irene Rohm.

Clarence Peck.

Names	Received	Discharged
Powers John	— - -	
Proll Mary	Jan 10 1905	
Porter Ben	May 22 1915	
Parks Lenna	Jan 30 1917	

Born			Died	Remarks
—	—	—		
May	12	1834		
April	16	1848		
Nov	12	1860		

Orville Summers

Mary Schneider
Admitted Feeb 1-1941

Lizzie Wilcox

~~Wood~~
Orla Woodcox

Easter Maria Weeks.

Arthur Winebrenner.

160

Names	Received			Discharged		
Ross Iven	Nov	15	1912	Mar	20	1913
Lizzie Wilcox	Dec	22	1914			
Ross Iven	Jan	1	1916	April	4	1916
Ross Iven	Dec	10	1916			

170

Names	Received			Discharged		
Shadow Lyda	Dec	15	1911			
Smith Gabrial	Aug	29	1912			
Slate Thomas	Nov	19	1911			
Stone William	May	1	1912			
Sovel Edward	Feb	14	1889			
Sander William	Oct	15	1894			
Sillberg Warren W	Aug	7	1913			
Sherlock William	Nov	7	1913	Mar.	1	1915
Smith Mary	April	2.	1914			
Seward R. H.	Sept	15	1914			
Storms Roy.	June	1.	1915	Jan	11	1916
Staley Mary.	June	21	1915	Sept	1	1916
Slaybaugh John	Aug	11	1915	Dec	20	1915
Soderstrom Rayan	Sept	28	1915	Dec	15	1915
Slaybaugh John	July	8	1916	Aug	5	1916
Smith Raymond	July	27	1916			
Sebring Geral.	Nov	13	1916			

Born			Died		Remarks
		1854			went To Garrett Ind.
July	24	1865			
		1857			
		1857			Was at the Infirmary in Jan

Born			Died		Remarks
May	9	1851			
May	15	1842			
Dont	know		Feb 29	1916	with dropsy.
Sept	15	1855	Feb 13	1915	B. D. O
—	—	—	Sept 16	1916	Old age.
—	—	—			
Aug	13	1852	Dec 22	1914	Heart trouble
May	18	1837			
July	7	1890			
Feb.	13.	1828	Aug 6	1915	Old [illegible] age.
June	13	1891			
Aug	21.	1836			
Mar	23	1846			
Jan	19	1905			
Mar	23	1846			
Son	of	May	Depew	and	was born at Co. Farm
Sept	22	1890			

Names	Recieved		Discharged	
Tindall John	Aug 16	1912		
Toppings Ensign	Feb 11	1913		
Thompson Charles	April 9	1914		
Theil Jennie	June 9	1916	June 20	1916

Born			Died			Remarks.
Sept	26	1865	Feb	7	1913	Consumption Died with
Oct	31	1860				
Jan	30	1897				Went to Indianapolis Ind.

Names	Recieved	Discharged
Crowl Myrtle	Jan 13 1906	
Deam Emma	July 1 1942	
Jackson Mary.	Jan 28 28 1933	
Krimes Maria.	May 22 1935	
Lint Roxie	Jan 14 1937	
Lung Emma.	Jan 19 1924	
Miller Mary Lou.	June. 29 1933	
Palmer Ethel	July 13 1939.	
Rohm. Nettie Irene.	May 31 1934	
Wilcox Lizzie	Dec 22 1914	

Born	Died	Remarks.
Mar 5 1883		
~~Jan 29 1860~~		
Nov ~~H~~ 26 1880		In case of death Violet Holben Ft. Way
Jan 29 1860		Notify Pearl Peckheart. or Anna Heywood Auburn
June 12 1860		Roscoe Walter Spencerville
Jan 27 1883	Left to live with her sons.	
~~Jan~~ Sept 5 1876		Notify Auburn Undertaker
Apr 14 1899		
May 29 1892		
Aug 4 1897		Call Waterloo undertaker
July 24 1865		Daughter Mrs Ruth Freeman Garrett ~~Noty~~ Notify Auburn Undertak

Names	Received			Discharged
Adams Geo.	Nov	9	1934	
Crowl Kenneth.	Mar	11	1941	
Cramer Ira	May	31	1934	
Coburn Clarence.	Oct	14	1939	Brother Allen
Cloy Henry.	May	31	1934	
Cobler Henry.	April	29	1938	Brother John Cobble
Carnahan Abner	May	13	1938	dischaged May 13 1938
Burial lot in dutch Ridge cemetery Allen Co.				
Collins ~~George~~ Bryon	Jan	7	1941	
Krontz John	June	7	1941	Took him to Richmond
Bassals Leonard	Jan	19	1922	
Herman Jesse	June	21	1939	
Brown Reuben	May	26	1924	dischaged July 9 1925
Frick Chas	Mar	8	1941	

Born | Died | Remarks

July 8 1864 July 12 1942 at Garrett Hospital

May 9 1901 In case of death call Edwar Crowl Waterloo Ind

1870

Mar 12 1877

Lester Clay and John Sister Mrs Sam Kessler St Joe Ind

May 1870

1873

in Jackson twp Lester at Auburn Sister Clara McClellan

returned May 23 1940 age 86

1854

F-O-age 88 Aug 23 1942 Kahlor undertaker

Nov 1 1859 Dec 25, 1942 Ginig undertaker

Nov 5 1867 Died at Richmond Oct 28 1942

1874

Oct 19 - 1863 Died Dec 21 1942 Loy undertaker

1867

returned Nov 26 1934

Sept 24 1869

Ruben Koch Admitted. Aug-1st.
Recd. Aug 1st 1942.
Born - Dec-28-1858-
Fathers name Joseph Koch.
Trustee S. A. Mumaw.
notify Jane Elizabeth Koch- R.R-1-Auburn Ind

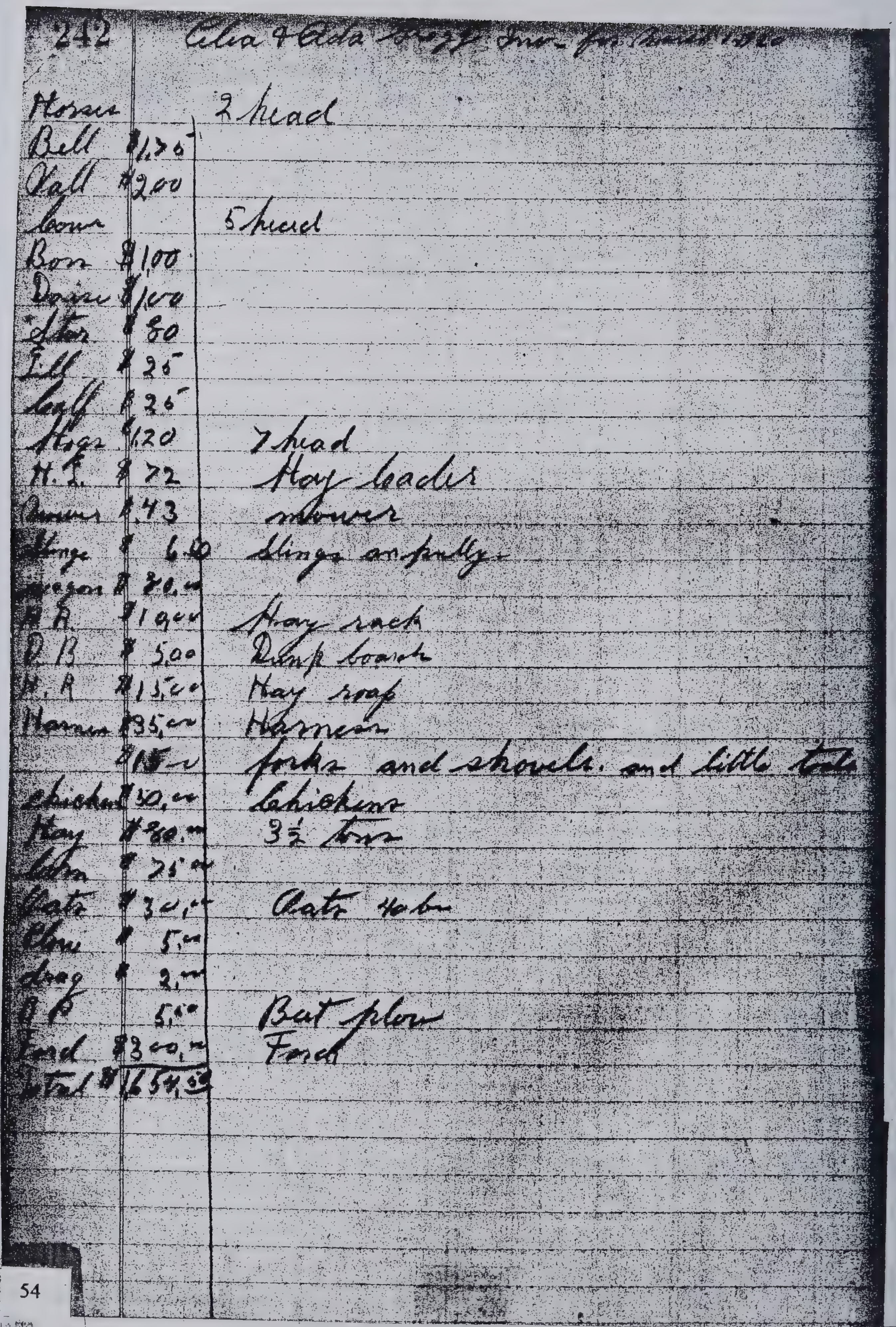
Stroh Orin Born Jan 13-1882
Returned to Home Oct 15-1942 from
Richmond Ind.
In event of death notify Gary Stroh.

Names	Recieved			Dis charged		
Weirech Cora	April	1	1913			
Wilson Angeline	Feb.	15.	1915	Feb	20 ~~18~~	1915
Lizzie Wilcox	Dec 22	22	1914			
Wells Isaiah	April 18		1916			

Born		Died		Remarks
Sept 18	1877			
May 6	1844			
July 24	1865.			
Dont know		April 21	1916	

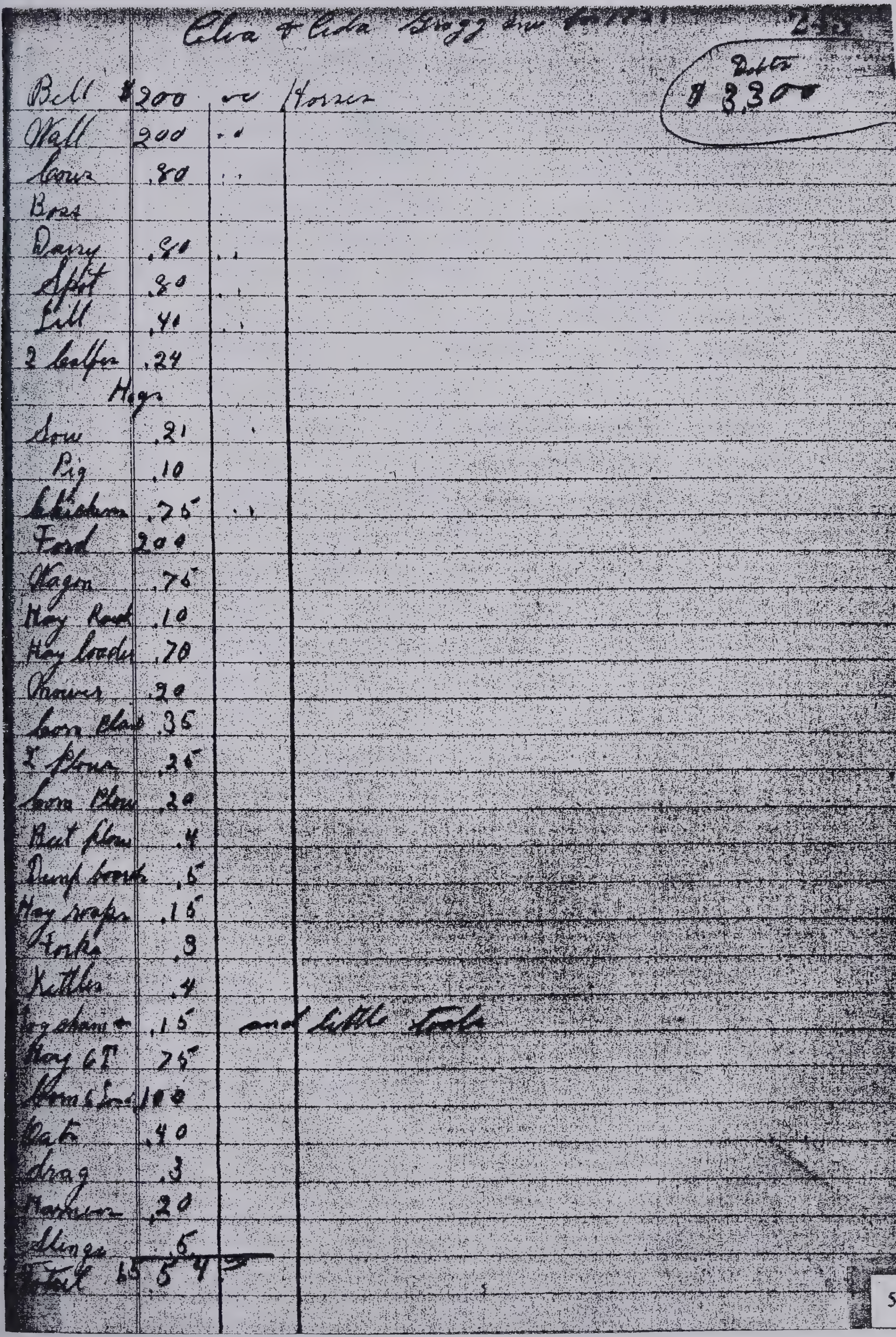
Names	Received	Discharged
Green Herman	June 21 1939	
Harker George	Feb 28 1927	
Haynes Edward Perry	Mar 26 1936	
Krontz John	June 2 1941	— — —
Lords Ernie	May 6 1941	
Milliman Mariman	July 4 1933	
Muhn Alfard	April age 52 20 1927	
Peck Clarence	Aug 8 1941	
Summers Orville	Feb 16 1940	
Woodcox Orla	June 24 1936	

Born			Died			Remarks
Oct	19	1863				
		1875				
Nov	5	1867				
		1873	April	5	1942	Age 69 - Loys undertaker.
		1875				
Mar ~~5~~	-8 -	1882	Mar.	2) 39 yrs old	1942	Roscoe Walters Undertaker
Dec	28	1875				
Mar 12	12	1907				



242 Celia & Ada Grogg Inv— for [illegible] 1920

Horses		2 head
Bell	$1,75	
Pall	$2,00	
Cows		5 head
Bon	$1,00	
Daisy	$1,00	
Star	$80	
Ell	$25	
Calf	$25	
Hogs	$1,20	7 head
H.L.	$72	Hay loader
mower	$43	mower
Slings	$6.00	Slings an pully
wagon	$70.00	
H.R.	$10.00	Hay rack
D.B.	$5.00	Dump boards
H.R	$15.00	Hay roap
Harness	$35.00	Harness
	$15.00	forks and shovels. and little tools
chicken	$30.00	chickens
Hay	$80.00	3½ tons
[illegible]	$75.00	
Oats	$30.00	Oats 40 bu
Plow	$5.00	
drag	$2.00	
B.P.	5.00	Bust plow
Ford	$300.00	Ford
Total	$1654.50	



Elva + Lida Gragg inv for 1931 245

Debts
$3,300

Bell	$200	"	Horses
Wall	200	"	
Cows	.80	"	
Boss			
Dairy	.80	"	
Spot	.80	"	
Lill	.40	"	
2 calfes	.24		
Hogs			
Sow	.21		
Pig	.10		
Chicken	.75	"	
Ford	200		
Wagon	.75		
Hay Rack	.10		
Hay loader	.70		
Mower	.90		
Corn Plant	.35		
2 Plows	.25		
Corn Plow	.20		
Beet plow	.4		
Dump board	.5		
Hay ropes	.15		
Forks	.3		
Kettles	.4		
Log chain +	.15	and little Tools	
Hay 6T	75		
[illegible]	100		
Oats	.40		
drag	.3		
Markers	.20		
Slings	.6		
Total	1554		

Inmates present for Mar- 1941.

Females

1 Myrtle Crowl. admitted 1891- at the age of 8
2 Mary Jackson-
3 Marie Kinnis
4 Emma Lung.
5 Roxie Lint.
6 Mary Miller
7 Nettie Irene Rohm.
8 Senia Parks.
9 Easter Maria Weeks.
10 Lizzy Wilcox.
11 Mary ~~Schnyder~~. Schneider

Males

1 Ira Cramer.
2 Henry Clay.
3 George Adams.
4 Henry Cobbler.
5 Abner Carnahan.
6 Clarence Coburn. april 7
7 Harry Coleman. Left for parts unknown
8 George Collins.
9 Reuben Brown.
10 Herman Green.
11 Perry Edward Haynes.
12 Alford Muhm.
13 Marion Milliman
14 Alva McDanel.
15 Arthur Winebrenner.
16 Arther Thompson.
17 Orvill Summers.
18 Orla Woodcox
19 Dan. Wyatt. May 24 41 Will S Traveling
20 Joseph Lower.
21 Chas. H. Frick
22 Leanard Bassler.
23 George Harker.
24 Kenneth Crowl.

Ernie H Lords. was admitted May 6 - 1944
Jay DeWitt Lauslie

Ben Mierly June 1st 1941

Names	Recieved			Discharged	
Galmer Sarah	Oct	14	1911		

Born		Died		Remarks.
Nov 8	1828			

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Book II

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45

	AGE	ADMITTED	PARENTS NAME
Myrtle Crowl	8	1891	MARTIN
Borne Mar 5. 1883.			GERTRUDE

Milo Carpenter, brother, lives at Traverse City Mich

46

	AGE	ADMITTED
Mary Ann Coffrin	86	Jan 20 - 1932

Jonas and Mary - S.O. Devitt - Wilmington twp

Died Jan 2 - 1934	88	Buttler

47

	AGE	ADMITTED
Ira Cramer		Nov 15 - 1932

R. W. Murry - Trustee Union twp.

Second time in home.

Discharged or ran away - July 5 - 1935.

age 60.

admitted for permanent care

Jan 9 - 1937 - Newman Heffly - trustee

walked away Aug 9 - 1938

	AGE	ADMITTED
Ira Cramer		Feb - 5 - 1940
Born in Ind 1875	65.	

admission order signed by Nelson Cramer

In event of death notify Jess Cramer Altona

Guy Meyers - trustee Union twp.

48

	AGE	ADMITTED
Sada Bird	30	July 22 - 1933
Regina Bird	28	July 22 - 1933

William and Mary
admitted to the Feeble Minded Home Dec 7-1933

49

	AGE	ADMITTED
Sidney Bronson	74	Dec 19 - 1933

Nathan and Hannah
Died april 22-1934
SHERMAN MEEK TRUSTEE - NEWVILLE TWP.

50

	AGE	ADMITTED
Henry Clay Jackson twp	64	May 31 - 1934

Henry and Mary
Born in DeKalb Co ~~May~~ 1870
John Weaver trustee
County to bury in event of death

Has a sister in Toledo Ohio
Mrs. Mary Kelb - 1227 Huron St. Toledo
Mrs. H.C. Gohkle - 329 E. ~~Lincoln~~ Lincoln Findley Ohio

51

AGE ADMITTED

Micheal Cyphers 73 June 22 - 1934
Clark and Mary
R.W. Murry - trustee - Union twp.
Born in 1862 Union twp. Dekalb co.
Fathers name Clark Cyphers
Mothers name Mary
In event of death notify Bill Thomas, Auburn

Died Sept 30 - 1939. 8.30 A.M. age 78.
John Clark. Undertaker. Buried at Woodlawn

52

AGE ADMITTED

George Adams 70 Nov 9 - 1934
Parents - Andrew and Elizabeth Engle - Kendallville
adopted Son - Leslie Adams - address unknown
In event of death notify Elmer Orr - 214 Britton St
Garrett Ind.
Born in Noble co - Allen twp July 8 - 1864
Became resident of DeKalb co 1896.
" " " Keyser Twp 1896.
a brother Frank Adams Kendallville Ind.
Can be reached by calling C.E. Zern E. Richmond St Kendallville
Phone # 66J.
a Sister Mrs Emma Holtz - Niles Mich -
wife buried on Orr lot in Lakeview Cemetery Kendallvill
Died July - 17 - 1942. Garret undertaker
Age 78 - 4 days

age Admitted

Ira Castret Waterloo 61 Jan 26-1935
From Grant twp - FERN MORR, TRUSTEE.
Fathers name Daniel - Helmer Ind.
Mother maiden name Loussia Plantz - deceased
Notify George Castret - Waterloo Ind
Born at Wood Co Ohio April 7-1874
Came to Ind 1884.
Became resident of Grant twp 1919 DeKalb Co
For last 2 yrs has resided with Chas Hames
Mrs Joe Stahl Lewis Husselman Paul Betts
John Jackman - able to work-
Died ~~May~~ June 7 -1935
Heart trouble. Buried at Woodlawn

George Washington Craig 79 Aug 5-1937.
of Auburn Ind. admitted for
permanent care
Son of William Craig and Sora Bennett
Has 7 living children
Geraldean - Ima Bell - Ruth & Mary
by second wife
Edna - Jim and Ora by 1st wife
Born in Waterloo. Ind. Nov-1857
became a resident of Union twp in
1893. Has lived for past 2 yrs at 518 Ind av.
Dr J.A. Sanders finds him in very poor
health and no means of support.

Died May 22 -1938 - Wm Loy. Undertaker

AGE ADMITTED.

Henry Cobbler 65 APRIL 29-1938
admitted for permanent care, from
Auburn, Ind. Glenn Heffley - Trustee
Father Hayden cobbler
Mother Nancey " "
Born in Jackson Twp. DeKalb Co 1873
Lived in Union twp many years.
Has a brother John in Jackson twp and
a brother Lester in Auburn-
Has a sister Clara Mc Clellen.
went on vacation Sept 28-1939.

Abner Carnahan
died aug-23. 1942- age 86

ABNER Carnahan 82 May 13 - 1938
admitted from Keyser twp - Thos Noel
trustee. Dr Klingler reports senile dementia
Widower -

Released to live with nephew Orville Meihe
Ft Wayne- May 15-1938 airport-Lima Rd.

Kahlon undertaker

abner Carnahan 84 may 23- 1940
admitted for permanent care from Garrett
Hospital mind affected.
In event of death notify Orville Meihe
Ft Wayne R. R-1- Lima Road-
Burial lot in Dutch Ridge cemetery, allen Co.
Telephone anthony 99116.
86
Abner Carnahan died Aug 23. 1942. age 84 years

79 MAY 6. 1939
AGE ADMITTED

Elijah carpenter, son of ~~MAY 6~~ Joseph carpenter
and Barbara Craig was born Monroe
Co, Ohio april 20-1860 became a resident
of DeKalb Co, Ind. 1932
S. A Mumaw, trustee, concord twp.
Was never married.
Died Nov. 25-1940 Double Pneumonia
age 80yrs. John Clark undertaker
buried in Woodlawn Auburn-

Clarence Coburn 62 Oct 14-1939
Born at Concord twp, DeKalb Co Ind
Mar 12-1877 and lived in St Joe all his life
Father was Chas. M. coburn and mother
was Jane Elizabeth allen.
5 brothers Allen, Lester, Clay & John - St Joe
Harlan of Boston mass
1 sister Mrs Sam Keisler, St. Joe Ind.
admitted for permanent care, a cripple
Clyde Rectenwald - trustee

AGE ADMITTED.

Harry Coleman 83 Sept. 22-1940.

Son of Chas Coleman and Mary Harding (both deceased) born April 28-1857 at Martinsburg West Va. and came to Ind in 1872. Lived and voted in Battle Creek but spent late years in Elkhart, Goshen So. Bend and vicinity. No home, peddler. Admitted for temporary care. Has a carbuncle on neck.

In event of death – bury any place.

Fern Moor, trustee, Grant twp.

April-7-1941 left for parts unknown –

George Collins of 81 Jan 7-1941

Butler Ind. admitted for temporary care

Has 8 children – 5 boys & 3 girls & 1 wife

Esther Hammond – Waterloo Ind

Mandy Soules – St Johns Ind

Evan Collins – Butler

Gordon " Montpelier Ohio

Arcel " Chicago

Sheldon " U S army

Lester " Chicago

1942
59
83

Born Mar 1-1859. Ionia Co Mich.

Came to DeKalb Co when 12 yrs old.

B. J. Campbell, trustee Troy twp.

Discharged Sept 13-1941

~~Dont know where he went~~

Came back Sept. 19.

Died Dec-23-1942 Gerig undertaker

72 buried in Woodlawn Cem age ~~85~~ 83 yr 9 mos

57

AGE ADMITTED

Leonard Bassler - 48 Jan 19 1922
(John Bassler)
Born in Ohio
Call John Clark, Auburn undertaker
Died Mar 24th 1943
Gerig undertaker Burried in wood Lawn.

58

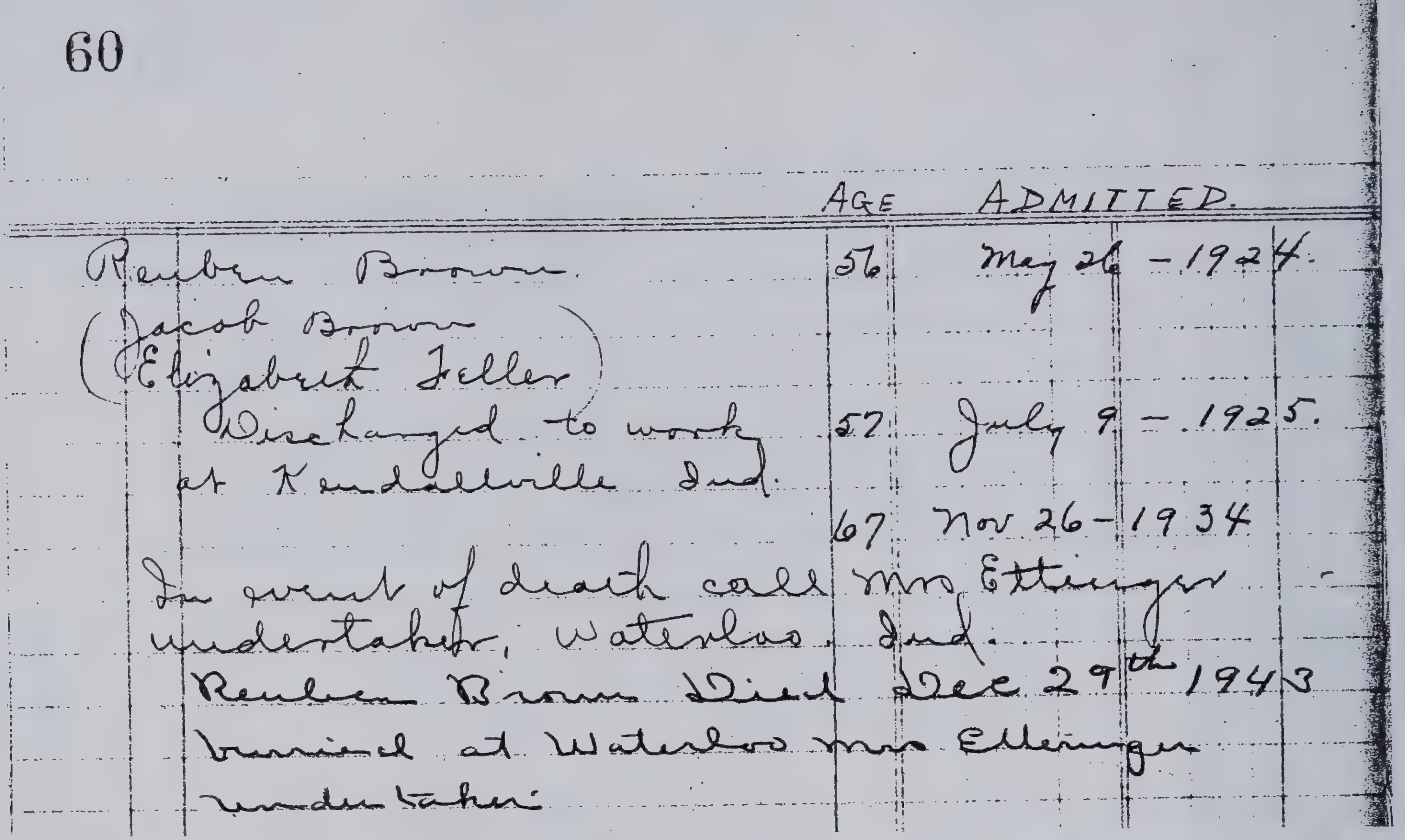
AGE ADMITTED

Rosa Ann Baughman 60 Jan 2 - 1923.
Notify Mrs Joseph Pifer - Auburn, Rural.
Died June 15 - 1934

59

AGE ADMITTED

Delia Butler Auburn 75 Aug 28 - 1923.
Discharged to Sacred Heart Hospital Garrett
Mar 28 - 1934
Brought back from hospital 87 - July 24 - 1934
Notify Mrs Fred Barringer Auburn, Ind.
Born Sept 5 - 1848
Wm Pillars Kalamazoo Mich RFD 8 - Nephew
Died Jan 7 - 1937. Gerig undertaker

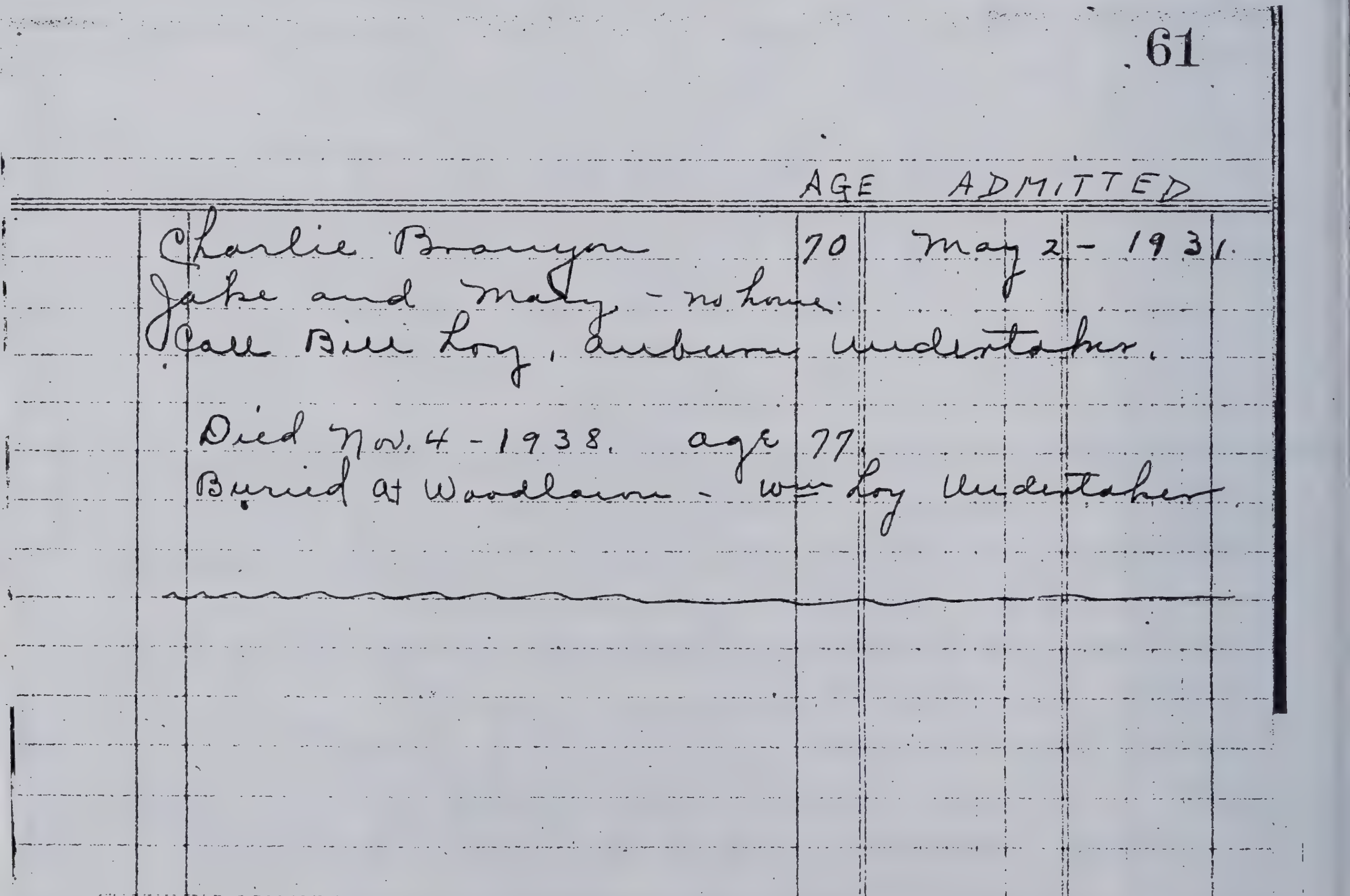


60

	AGE	ADMITTED.
Reuben Brown	56	May 26 - 1924.
(Jacob Brown Elizabeth Feller)		
Discharged to work at Kendallville Ind.	57	July 9 - 1925.
	67	Nov 26 - 1934

In event of death call Mrs Ettinger undertaker, Waterloo, Ind.

Reuben Brown Died Dec 29th 1943 buried at Waterloo Mrs Ettinger undertaker.



61

	AGE	ADMITTED
Charlie Branyon	70	May 2 - 1931.

Jake and Mary - no home.
Call Bill Loy, Auburn Undertaker.

Died Nov. 4 - 1938. age 77.
Buried at Woodlawn - Wm Loy Undertaker.

	AGE	ADMITTED
JULIA BORTZ	80	aug 6 - 1931

Peter and Elizabeth
Notify Mary Ott - Millersburg Ind - Goshen R 4 -
Son at Garrett. S.C. Shutt - trustee - Keyser twp
Call garrett undertaker
Born -
Discharged to live with nephew Mar 17 - 1940.
Died May 5 - 1940 - 88 yrs O.G. Carr. Syracuse
undertaker. Buried at Cable cemetery South of Syracuse

	AGE	ADMITTED
Mrs Francis Baird ashley	93	april 24 - 1934
Died Sept 22 - 1934	94	

J.W. CAMP - Trustee - Smithfield twp.

AGE ADMITTED.

Elvira Baughman no record.
Discharged Sept 27 - 1934 to live with
sister Mrs Harriet Barnhart Lacota Mich

Bert Bartlett 62 May 8 - 1936
was Born in Steuben co. Ind Oct 12
1873. Has resided for past 2 yrs in
Smithfield twp
Fathers name was Joshua Bartlett
and mothers name was Kittie Bartlett.
Admitted for permanent care.
J. W. Camp trustee Smithfield twp
In event of death please notify
A. B. Shaffer - Pleasant Lake Ind.

Died July 10 - 1936. Age 62 yrs.

AGE ADMITTED.

74 JAN 4 - 1937

Mary Brown of auburn, widow of Joe Brown and daughter of John Miser and Sarah Treesh of auburn. Ind. admitted for permanent care Jan 4 -1937 age 74. Signed by Mrs Ray Snyder - niece -
Born at auburn May 11-1863.
Newman Haffly, trustee, Union twp.
In event of death call Ray Snyder. East edition, garrett.
Died Dec 11-1939. age 76 yrs.
Buried at Tamarack cemetery - ashley Road
Rev. Noren. minister - Gerig Undertaker.

Mary Rebecca Branson 78 april 7-1937
daughter of George apple and
Lucinda Walbron. Born in Ohio
Mar 27-1859 - Came to Ind. at age of
3yrs. Settled in De Kalb co. Lived in
auburn for many years.
married 3 times - 1st to Harv. Mills
2nd Jim merryfield - 3rd Sam Branson.
Had 3 children - 2 dead
Carl A Casebeer - son. angola Ind.

Died Feb 10 - 1938 age 79 yrs
Dilgard & Zimmerman undertakers.

77

	AGE	ADMITTED.
Frank Burton	52	JUNE 3 - 1939.

Son of Henry and Mary E Burton - deceased -
was born in Soundelitis. N.Y. Nov 2-1886
Came to Ind. from Akron Ohio in 1929
Became a resident of De Kalb Co 1931
Became a resident of Smithfield twp
DeKalb Co May 22 - 1938.
Has 3 children
Rosemary Burton, Akron, Ohio.
Joseph Burton SS Republic U.S.N.
Roderick Burton Waterloo Ind.
Dr E. A Ish finds applicant to have
chronic nephritis and no contagious
disease June 3 - 39.
Lee Wise - Smithfield twp trustee.
Died Feb 22 - 1940 age 53yrs.
Dilgard Undertaker. Buried at Woodlawn.

Women present during 1941. from Mar 1st -

Myrtle Crowl. was admitted in 1891 -
Her father name was Marten Crowl.
Myrtle was born . Mar 5th - 1883. her age 58 y

Maria Kriess admitted May 22 1935 -
Born June 12th 1860 Steuben Co
Father name Wm Friedich
Mother Name Christina Montz
Notify Roscoe Walters undertaker
Spencerville Ind.

Mary Jackson - was admitted Jan 28 - 1933
Father and Mother name. Frank and Rachel
Born. Jan 29th - 1860 - she was 73 when
brought here

Rosie Link was admitted Jan 14 - 1937
Born Jan 27 - 1883 -
Dis charged to live with Harly and Sammy
Link at Ligonier Ind left here Nov 4 - 1942

Mary Miller was admitted June 29th 1933
Alva Miller Father name.
admitted from the feeble minded home in
Ft Wayne in exchange for Salenon Berg
Born april 14th 1899- Millers City Putman co
Ohio
admitte to Ft Wayne State school June 4-1922
From DeKalb Co.
Alva Miller Father address Auburn Ind
Mrs Merit Matson R.R. Waterloo Ind Sisters
Mrs C. R. Chapsom R-R-3 Butler In
Mrs Ray Clark. R.R-3 Butler Ind Sister

July 13-1939

Ethel Palmer was admitted. July 13-1939
Born in Blackford Co May 29-1893-
Became a resident of DeKalb Co in 1916
Spent last two yrs in Spencerville In.
Has a cemetery lot in Bluffton Ind
Lot Pd for. In event of death call
Ralp Palmer

Lenia Parks. was admitted Jan 30 – 1917
Was here in 1912
Fathers name Moman Parks
Born in Muncie Ind Nov 12- 1851
In case of death notify Richard Roop
Dec 9-1941 Napoleon Ohio
Died Dec. 7. 1941-
Loy undertaker buried in woodlawn

1934
Mattie Irene Rohn. was admitted May 31st
Fathers name was John. Rohn.
Born Aug 4 – 1897.
In event of death Call Waterloo
undertaker
Aug 4-1897

Lizzie Wilcox was admitted Dec 22-1915
Father Name. Robert Rhea
Mother Name. Anna Snider
Born July 24- 1866.
Daughter Mrs Ruth Freeman. Garrett
Notify Auburn undertaker

Easter Maria Weeks was admitted
Jan 26 - 1,940
Born Mar 22nd. - 1855
Died at S. H. Hospital Dec. 26 1942
R. Dilgard undertaker

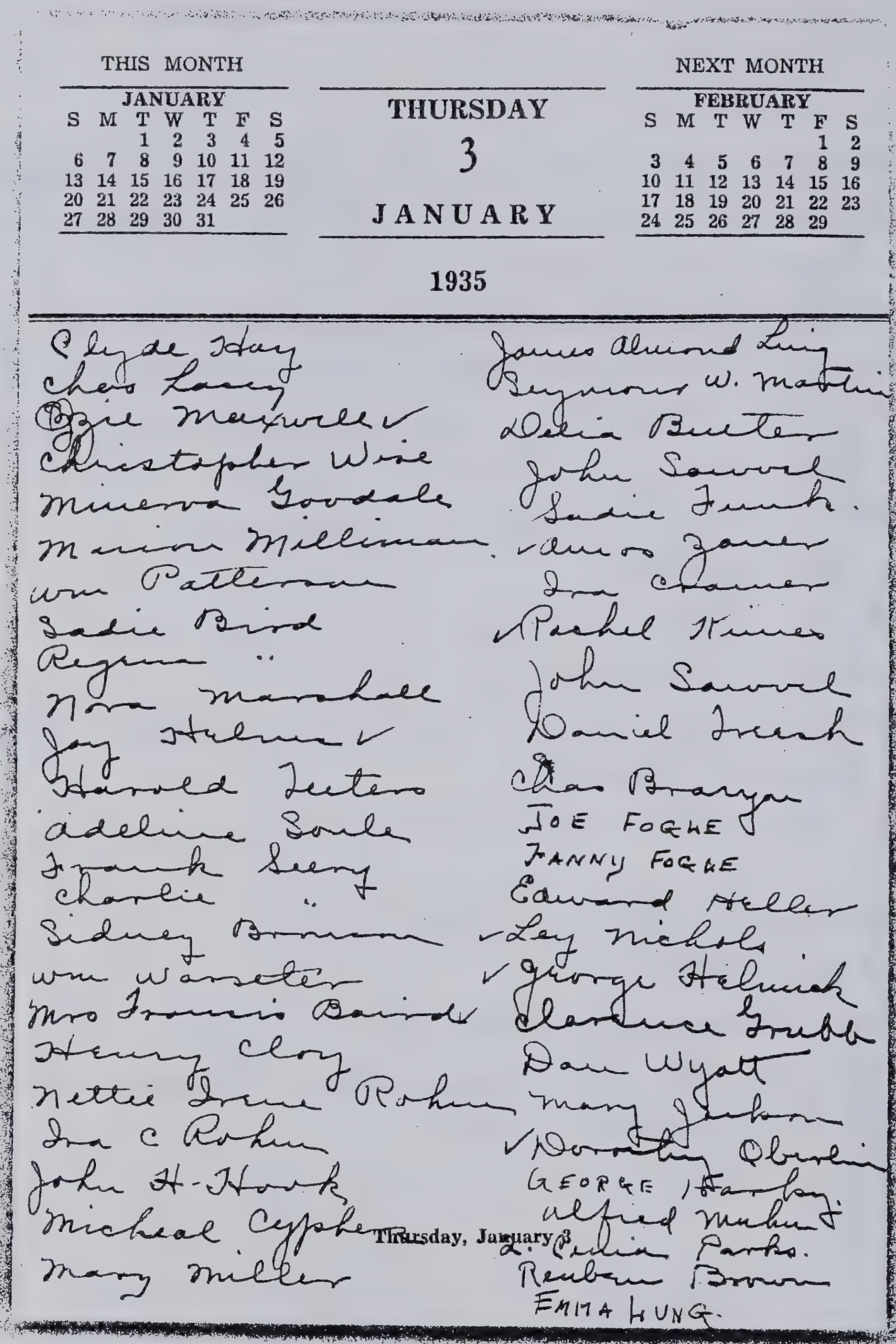
22.64/556

	AGE	ADMITTED.
ROMEO DRAGOO	71	JUNE 5 - 1940.

308 Ensley av. auburn Ind
admitted for permanent care
Born in Concord twp, DeKalb co. Ind.
May 3 - 1869. — wife living in auburn
Father's name, David Dragoo
Mothers " Sira ann Dragoo
Two daughters
Sophia Brandon auburn Ind
Thelma Miller " "
In event of death notify Melvin Brandon
auburn Ind.
Guy Meyers - trustee, Union twp.

~~[illegible]~~ June 22-1941.
Returned
Discharged Oct-4-1941
He died at his daughter home Sun.
Oct-4- aged -72.

75-A



THIS MONTH

JANUARY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

THURSDAY

3

JANUARY

NEXT MONTH

FEBRUARY						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
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24	25	26	27	28	29	

1935

Clyde Hay
Chas Lacey
Ozie Maxwell ✓
Christopher Wise
Minerva Goodale
Marion Milliman.
Wm Patterson
Sadie Bird
Regina "
Nora Marshall
Jay Helmes ✓
Harold Teeters
adeline Soule
Frank Seery
Charlie "
Sidney Bowman
Wm Warsetter
Mrs Francis Baird ✓
Henry Cloy
Nettie Irene Rohm
Ira C Rohm
John H-Hook
Micheal Cypher
Mary Miller

James Almond Ling
Seymour W. Mathi
Delia Butler
John Sowel
Sadie Funk.
✓Amos Zaner
Ira Cramer
✓Rachel Kines
John Sowel
Daniel French
Chas Brayan
JOE FOGLE ✓
FANNY FOGLE
Edward Heller
✓Ley Nichols
✓George Helmick
Clarence Grubb
Dan Wyatt
Mary Jackson
✓Dorothy Oberlin
GEORGE Harley
Alfred Mahurt
L. Celia Parks.
Reuben Brown
EMMA LUNG.

Thursday, January 3

George Adams.
Died July 12-1942 at
Garrett Hospital
Hinklin undertaker

Ruben Koch admitted Aug 1-1942
notify Elizabeth Jane Koch address
Auburn R-R-1-

Died May-13-1943

age Admitted

Dean, Emma July 1, - 1942

Jay De Witt Trustee -
Born - Missouri - Nov. 26 1880
Fathers Name John Bangey
Mothers N. Minnie

Incase of death Mrs R.E. Holden
anthony 56291
Ft. Wayne

Died April 8th 1946
Zimerman undertaker.

AGE ADMITTED.

Sadie Funk, Butler 68 Sept 29 - 1934
Born in DeKalb co
Died of Palsy Nov 12 - 1934

Emma Faulk 67 Aug 13 - 1935.
Born at Pleasant Lake, Ind March 16 - 1867
Father's name Wilson Brough Leiters Ford. Ind.
Mother maiden name Amanda Schultz Pleasant Lake
Living children
Wilson Faulk - Garrett Indiana
Noah Craig Waterloo " "
Ora Craig Jackson Michigan
Life time resident of Indiana and of
DeKalb Co since 1877 - Grant twp 1896.
A diabetic and has no contagious or
infectious diseases John P Showalter
medical examiner - Aug 8 - 1935.
In event of death, notify Wilson Faulk
Garrett, Ind. Fern Mont - Trustee
Mrs Ettinger Waterloo Undertaker
Died 7:30 P.M. Mar. 9 - 1936. age 69 yrs.

	AGE	ADMITTED
Margaret Frick Auburn	79	Jan 3 - 1936.

Born at St Joe, Ind. April 15 - 1856
Resided in Auburn Ind for past 10 years.
admitted for permanent care, a widow.
Father's name is James Marsh, Waterloo
Mother's name Presduie Hull - Waterloo.
Living children is Fred Frick - Waterloo.
N. Hoffley - trustee - Union twp.
Received from Souder Hospital - with
broken hip - but in condition to be
moved - signed by Dr Clarke 1/1/36.
In event of death notify Fred Frick. Waterloo

Died Feb 28 - 1939 at 6:45 P.m.

	AGE	ADMITTED
Joseph Fogal - Garrett -	76	May 9 - 1931.
Phillip and Sarah Husband and wife		
Fanny Fogal	76	May 9 - 1931
Herman and Maria		

Notify Marshall Andrews, Garrett

Joe Fogle was born Ohio Oct 10 - 1855.
Fanny " " " Ind. " 8 - 1855.

Fanny died Dec. 6 - 1939 age 84 yrs.
Forrest Zimmerman undertaker, Garrett
Burial at Woodlawn - Auburn
Rev Dunkin - Baptist U.B. Minister Garrett

Joe Fogle died Jan 8 - 1940. age 85 yrs.
Wm Loy, Undertaker, Buried at Woodlawn Auburn
Joe Ferguson - minister.

AGE ADMITTED

Harriet George - Waterloo 53 Nov - 1921.
Isaac George - Adaline Wilson
Notify Curtis George Waterloo.
Died aug 9 - 1934 66
Buried at Waterloo

John Everetts 64 June 7 - 1938
Son of Frank Everetts and catherine R. McClelle
~~Lived Six~~ Came to Wilmington twp 11 yrs ago.
Been staying 6 mo. in Pleasant Lake ~~and~~ with daughter
6 months at Quincy Mich with son.
Son says his father spent more than 1 yr
in michigan at one time and at no
time more than 6 mo. in Ind. Steuben
Born 1874 - Oct.
Leona Everetts Platt Pleasant Lake, daughter
Clayton Everetts Quincey. Mich. Son.
application signed by Frank Platt.

June 7 - 1938
Discharged to live with son Clayton
Everetts. at Quincey Mich.

age. admitted

Emmett Enzor 62 April 21-1940
Son of Stephen + Rachel Enzor of Butler. Ind.
Wilmington twp. was born Nov. 16-1877 in
Franklin twp - DeKalb Co. Ind.
Has a sister, Mrs Ben Burrow. Butler Ind.
" Brother David Enzor - Garrett. Ind.
Walter Mutzfeld - trustee Wilmington. Twp.

Discharged June 11, 1940 to live with and work
for Frank Mashler. St Joe. Ind.
To receive 20.00 per month. Retd in 3 wks.
Left Sept 1 to work for Mr ~~Roop~~ Snobb 1.00 per da
Died at Kendallville Sept- 1941

Virgil Everetts 40 July 17-1940
Son of Abraham Lincoln Everetts and
Mattie Carr of Butler. Ind. admitted for
temporary care. Never married.
Born in Franklin twp. Ind. Aug 22-1899.
Has 4 sisters
Mrs Harold (Grace) Miller 359 W 9th St. Auburn
Florence Brosius Butler
Mabel Spangler "
Rosie Carr "
The Mother Mattie Everetts (81) "
Is held in Co. Farm pending admittance
to Butlerville.
Discharged Sept 14-1940 age 41 to live at State
School Ft Wayne. Ind. art Coyle. Mr Moore took him.

	AGE	ADMITTED
Clarence Grubb	17	Dec 20 - 1932.

Lewis and Ethel - no Home
Discharged March 29 - 1933 to work at
Farm Home Steuben Co.

AGE ADMITTED.

Minerva Goodale 92 - May 31 - 1933.
Robert Mc Beth - Maria
Died July 1 - 1933

Harry Ellis Green 36 Nov. 19 - 1935.
Father's name Charley Green Waterloo
Mother's " Bessie Brandy Avilla
Born at Avilla Indiana 1899
Became a resident of DeKalb Co Mar. 1929
Has resided for the last 2 years in Richland and Grant townships and is suffering from pulmonary tuberculosis as per medical examiner, John P Showalter Nov. 19 - 35
In event of death notify Charlie Green Waterloo.

Discharged to live with fathers
Nov. 24 - 1935.

age admitted

Mrs Susan Groves 71 May 26-1936.
Daughter of George Message and
Catherine Dalton. Born at Niagara Falls
N.Y. April 16-1865. Became a resident of
DeKalb Co Keyser twp about 1870?
Has 2 sons, John Baker and Geo. J. Baker
and 1 daughter Mary Comesky all of Altona
Physically good for her age but mentally
incompetent is statement signed Dr Reynolds
In event of death call Geo. J Baker
Garrett RR. #1.
Taken by daughter for temporary care
May 31-1936.
Discharged in care of Mary Comesky
Dec 31-1936.

AGE ADMITTED

HERMAN GREEN 75 JUNE 21-1939
Son of Anson Green and Ruth Brooks
of Ohio was born in Huron Co Ohio
Oct 19-1863
Came to Ind when a small boy and
has lived in Jackson twp many years.
wife deceased.
Has a sister, Nellie Willis - Goshen Ind
" a brother Harry Green Toledo Ohio
Lewis Freeman Twp trustee Jackson twp
In event of death call notify
undertaker of Auburn who has
the insurance policy of 120.00 assigned
to him to defray funeral expenses
casket & vault etc. Died Dec 21, 1940
Ley undertaker

Chas. Edmund Gideon 61 Aug 22-1940
Son of Calvin Gideon and Mary E. [illegible] Green
of Terre Haute Ind transferred to [illegible]
from Sander hospital Auburn for
temporary care
Born May 20-1879 in Vigo Co Ind
Father & mother dead
Brother Edward Gideon 5200 W 3rd St Dayton O
In event of death notify brother and [illegible]
by community in Waterloo
Guy Myers trustee Union twp.
Left for parts unknown Sept 1-1940 Age 61 yrs

116

AGE ADMITTED

Edwin Hutcheson 75 Nov 17 - 1925
Father - Amos
Died Mar 14 - 1935 83
Buried at Waterloo

117

AGE ADMITTED

George Helmick 61 - May 1 - 1929
Ford and Mary
Died Sept 15 - 1934 age 66.
Buried at

118

AGE ADMITTED

Clyde Hay Auburn 60 May 5 - 1930.
Valentine and Martha 3 brothers
Notify Gaylen Hay, Auburn Ind.
Died Feb. 27 - 1936 -
Dilgard undertaker Buried at Woodlawn

Edward Heller 62 aug 26 - 1932
Parents-George and abbie
Call auburn Undertaker

Died July 27 - 1937. Heart trouble
Buried at wardlawn - auburn
John Clark - Undertaker.

Jay Helms 43 Oct 27 - 1933.
Jacob and Elizia Helms
Dropsy - R.W. Murry - Trustee - Union twp.
Died Jan 16 - 1934 44

AGE ADMITTED

John H. Hook 80 June 12 - 1934
Martin and Elizabeth (Rosa Snyder (mother
Discharged July 8 - 1934 to live with
daughter at Benton ark - Dessie Hoodeman
Chas Hook Guy Hook auburn - Sons - R.W. MURRY - TRUSTEE 44

AGE ADMITTED

George Harker 58 Feb 28 - 1927.
Parents - Henry & Rosanna Jackman
Notify Frank Campbell, Butler, Ind

Perry Edward Haynes 61 Mar 26 - 1936.
Born on Fathers Farm in Keyser twp
in 1875 Unable to support self on acc
of physical condition & age.
Has life lease on 20 acres of land.
George Baxter, guardian, Auburn Ind
Lorenzo D. Haynes - Father (dece
Hannah A. " Mother)
Thos Noel - trustee Keyser twp.
Emma Winebaugh - sister

	AGE	ADMITTED
Essie Helms daughter	59	Oct 2 - 1936.

of Wm + Essie Preston of Murphysboro Tenn
Readmitted for permanent care.
Callie Murphy - daughter
Willis Maxwell son
Ellis son
Born in Murphysboro Tenn 1883
Became a resident of De Kalb Co. Ind
in 1917 and has resided in Union twp
for past 2 years.
In event of death notify Callie Murphy
Auburn Ind — Garrett, Ind.

Died May 22 - 1937 - 9 A m. age [illegible]

AGE ADMITTED

Ed Handay 71 DEC. 23 - 1936.
Son of Zeb Handay and Maria Smurr
born in Butler Ind. Wilmington twp
aug 3 - 1865. and lived in DeKalb
Co. all his life. Dropsy & heart disease.
G.W. Greist trustee -
In event of death notify Wm Devore
Died Jan. 26 - 1937 - 4 P.M.
Johnson of Butler, undertaker.

Hilda Hines 68 March 28 - 1938
daughter of K. Strasburg and M. Reinhard
admitted for permanent care.
Born May 13 - 1870 in Apolda Thüeringen.
Germany. Came to America, DeKalb Co.
July 1926. Became a resident of Jackson
twp Oct 1930. Has resided at 1906 So
Wayne St. Auburn the past 2 yr.
Has one daughter - Mrs H. L. Stebing
323 N. 2nd St. Auburn. to call in
event of death.

Released to live with daughter May 19 - 1938.

AGE ADMITTED.

Alva P. Helmick son of 64. aug 27-1938.
Fred Helmick and Libby Roush of Sherwood O.
admitted for temporary care
One son Paul Helmick, auburn, Ind.
Daughter Mrs P. A Tarkett, Ft Wayne, Ind.
Born in Defiance Co Ohio, Nov. 21-1873
Came to DeKalb Co, Ind. from Sherwood Ohio
in 1904 and became a resident of
Union twp in 1922.
application signed by Paul Helmick
Glenn Heffley, trustee, Union twp.
In event of death notify Paul Helmick R3

Discharged to live with Son Paul. Feb-21-1939.

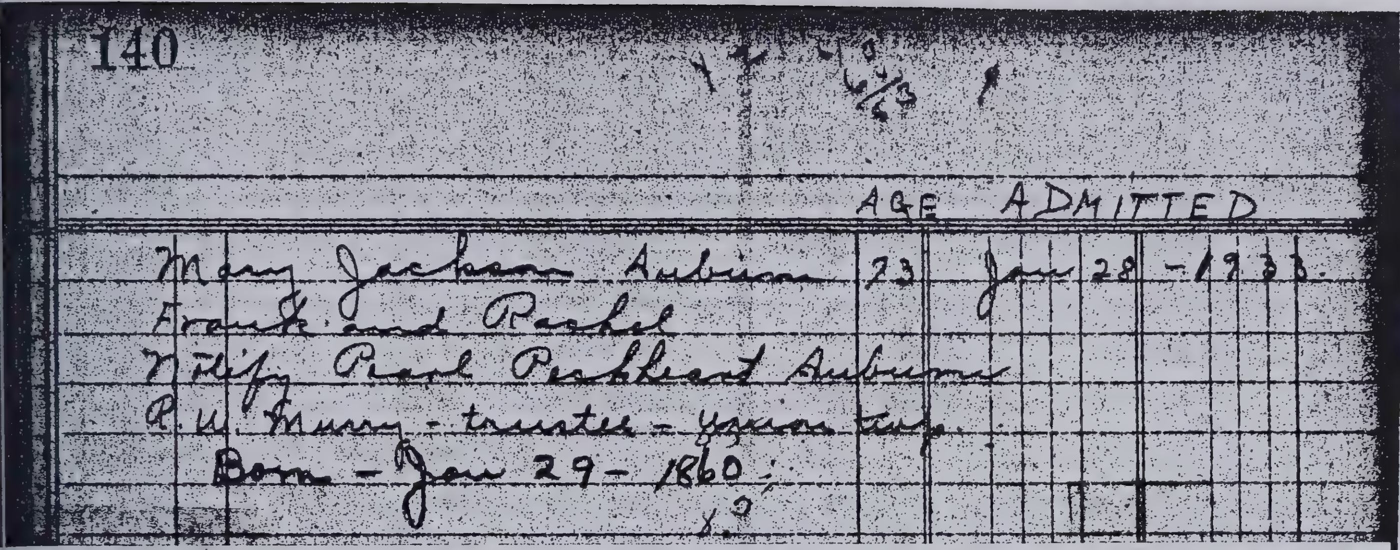
Pearl Healy age 20 admitted aug 19-1940

of Butler, Ind. daughter of Nellie Smith
Defiance Co Home, Defiance Ohio.
admitted for temporary care.
Separated from Ora Healy, husband.
Jan. 1940. and went to live at Hicksville
with mother. Took sick and was taken
to hospital in , When well enough
to be moved, admitted to DeKalb Co Home
Born June 1920 Defiance Ohio became a
resident of DeKalb co Dec 1939.
married to Ora Healy Nov 10-1939 and
became a resident of Troy twp.
Has resided the past 2 yrs in Hicksville
Ohio.
Left Troy twp in Jan 1940 to become a
resident of Franklin twp.

Brothers & sisters

Lyle	Smith	age 22	Hicksville Ohio
Earl	"	" 20	" "
Vera	"	" 17	Edgerton Ohio - domestic
James	"	" 16	Defiance children's home
Wm	"	" 13	" " "

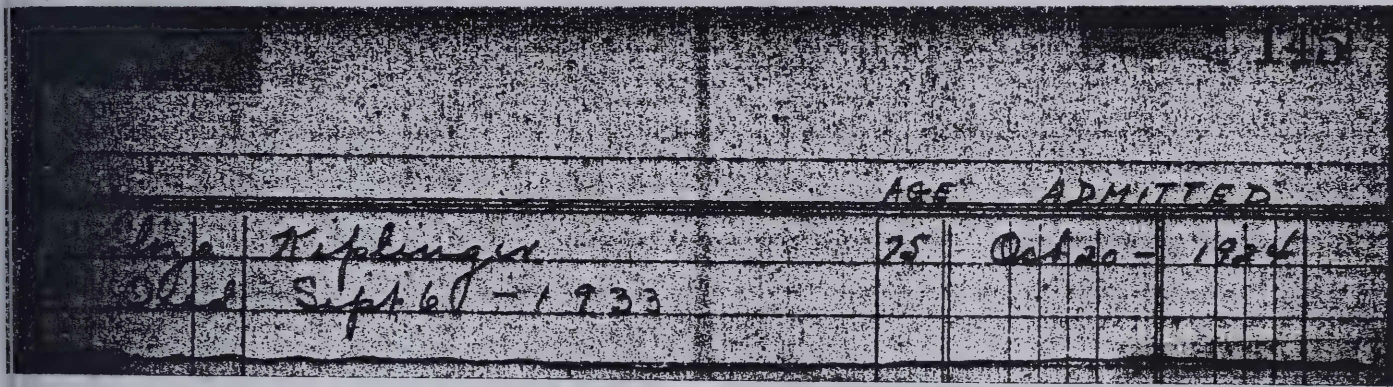
Father Harrison Coe Smith, father dead.



140

AGE ADMITTED

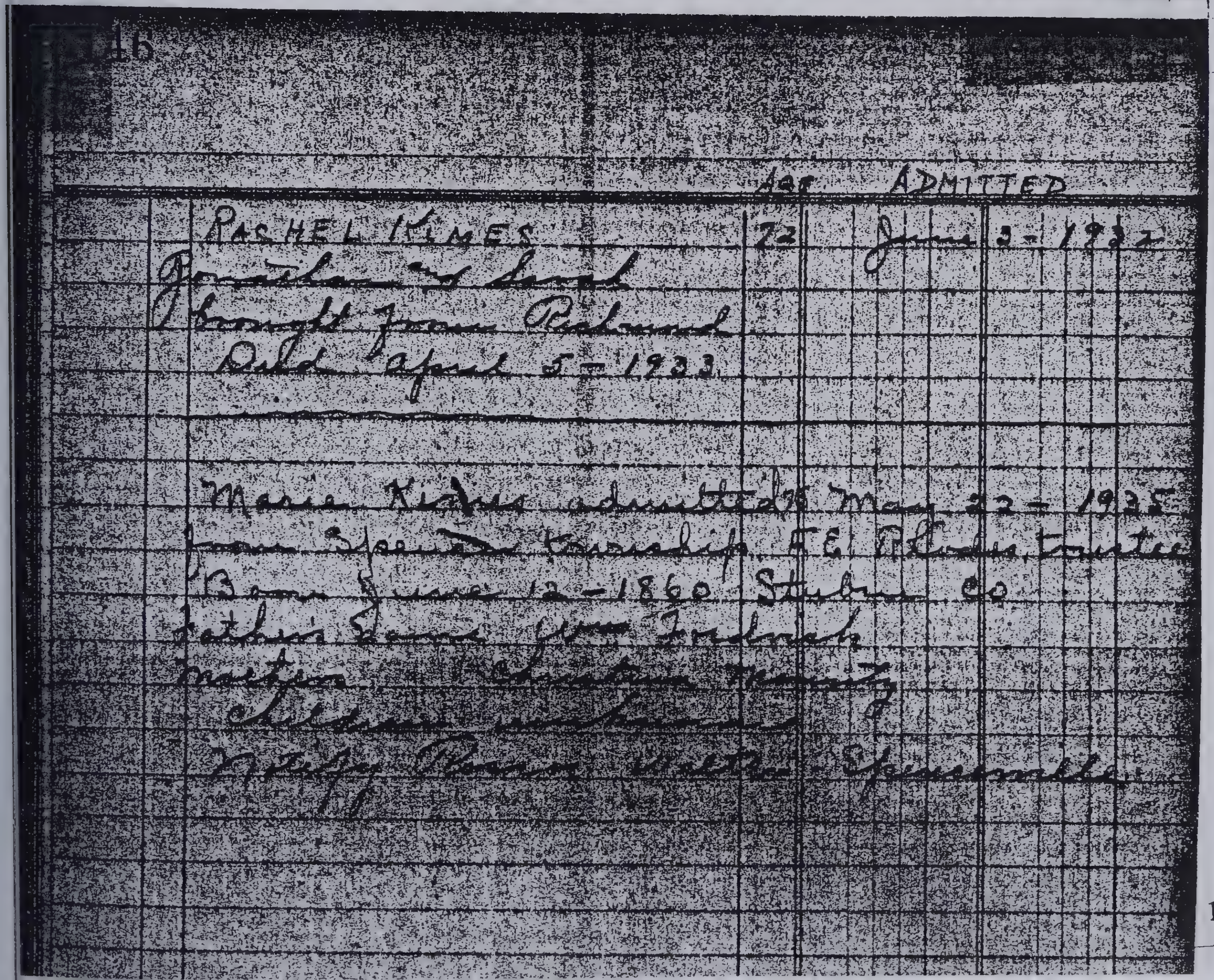
Mary Jackson Auburn 73 Jan 28 - 1933.
Frank and Rachel
Notify Pearl Peckheart Auburn
R. W. Murry - trustee - Union twp.
Born - Jan 29 - 1860



145

AGE ADMITTED

Eliza Kiplinger 75 Oct 20 - 1924
Died Sept 6 - 1933

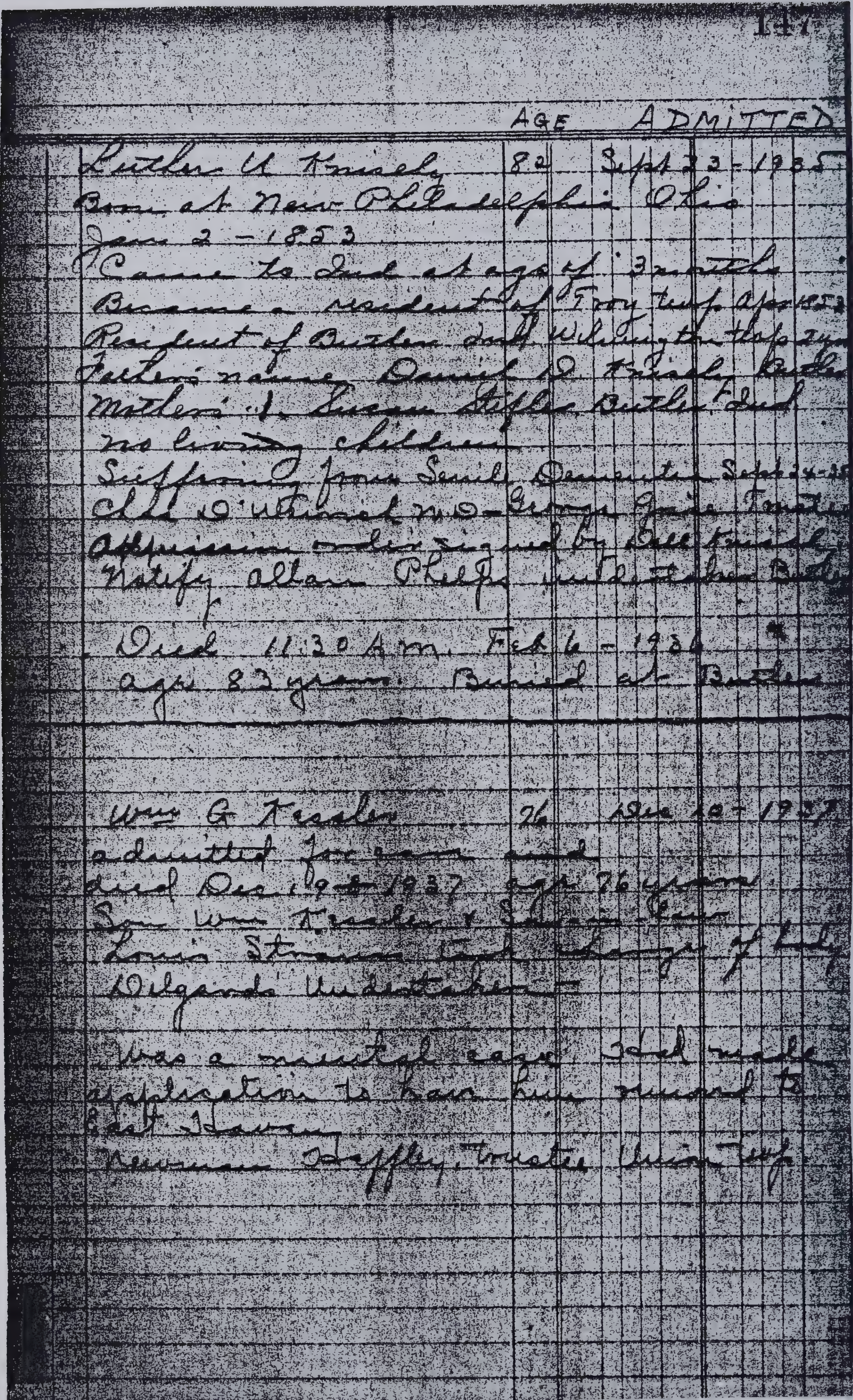


146

AGE ADMITTED

RACHEL KIMES 72 June 3 - 1932
Jonathan & Sarah
Brought from Richmond
Died April 5 - 1933

Marie Kimes admitted May 22 - 1935
from Spencer township F.E. Rhodes, trustee
Born June 12 - 1860 Steuben Co
Father's name Wm Friedrich
mother [illegible] Christina Moritz
Children [illegible]
Notify [illegible] Spencerville



147

	AGE	ADMITTED
Luther U Knisely	82	Sept 23 - 1935

Born at New Philadelphia Ohio
Jan 2 - 1853
Came to Ind at age of 3 months
Became a resident of Troy twp. Apr 1853
Resident of Butler Ind Wilmington twp [illegible]
Father's name Daniel D Knisely [illegible]
Mother's - Susan Stifler Butler Ind
no living children
Suffering from Senile Dementia Sept 24-35
Chas D Whitmel M.D. - George Guise Trustee
Application order signed by [illegible]
Notify Alban Phelps [illegible]

Died 11:30 A.M. Feb 6 - 1936
age 83 years Buried at Butler

Wm G Kessler	76	Dec 10 - 1937

admitted for care and
died Dec 19 - 1937 age 76 years
Son Wm Kessler & [illegible]
Louis Strauss took charge of body
Wilgand's Undertaker -

Was a mental case. Had made application to have him removed to East Haven.
Newman Haffley, Trustee Union Twp.

AGE ADMITTED

Wm Keuluse 80 Jan 20-193

Son of Mike Keuluse and Anna Pickey

born in Ft Wayne Ind and became

a resident of Auburn Ind 1937.

Two daughters - Grace of Ft Wayne

and Mrs Chas. Steffin Auburn Ind.

Has a lot in Lindenwood cemetery in

Ft Wayne and all arrangements for

burial are made with Ray Dilgard

of Auburn Ind.

Newman Steffly, Trustee Union Tw

Discharged Mar 26 193[illegible] to live with

daughter Mrs Grace Pickard in Ft Way

52 Feb - 17 - 1939

Clarence Kelly son of Oscar Kelly and

Ida Shutt admitted Feb 17 - 1939

blind and unable to find any thing

Has one sister Mrs Ray Jennings of

Spencerville

Has one sister Mrs Nellie Carr Newville Ind

Never married

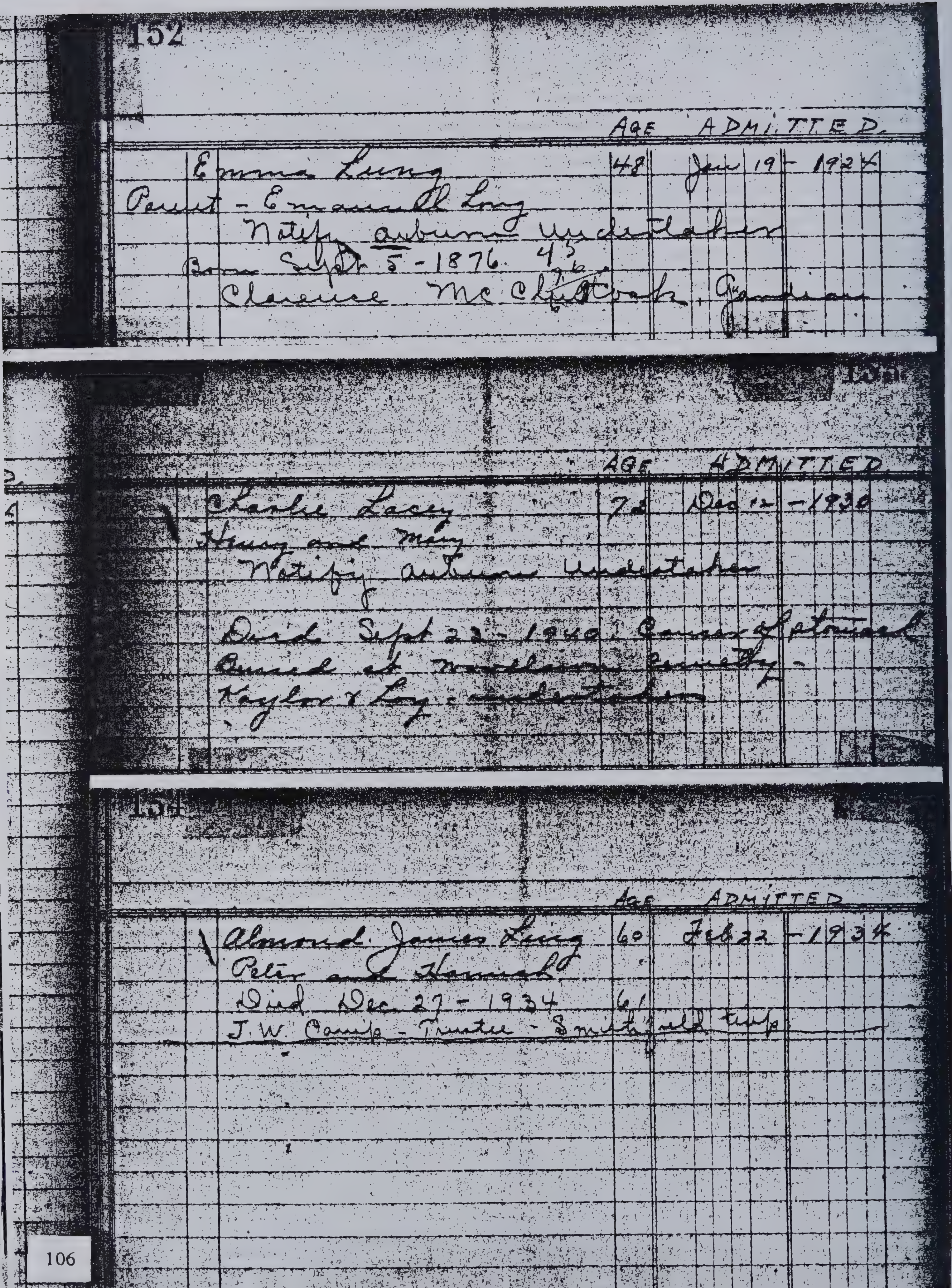
In event of death notify Nellie Carr Hicksville O

was born in DeKalb Co Mar 2 - 1886

Discharged Feb 28. 1939 to live with sister

Nellie Carr, Hicksville Ohio who is to

keep him permanently. Pension $3.00



152

AGE ADMITTED.

Emma Long 48 Jan 19 - 1924

Parent - Emmanuel Long

Notify Auburn Undertaker

Born Sept 5 - 1876. 45 yrs

Clarence McClintock, Guardian

153

AGE ADMITTED.

Charlie Lacey 72 Dec 12 - 1930

Henry and Mary

Notify Auburn Undertaker

Died Sept 22 - 1940. Cause of [illegible]

Buried at Woodlawn Cemetery -

Kaylor & Long - undertaker

154

Age ADMITTED

Almond James Long 60 Feb 22 - 1934

Peter and Hannah

Died Dec 27 - 1934 61

J.W. Camp - Trustee - Smithfield twp

AGE ADMITTED

~~Elmory~~ Emory Likens 61 June 20 1931
Parents Willin Susan - Born June 12-1870.
R. W. Murry - Trustee, Union twp.
Notify Auburn Undertaker
Brother in Auburn Jct.
Died May 23-1940 - Heart disease -
Buried in Woodlawn cemetery Auburn
Gerig - undertaker -

JOSEPH LOWER 80 Aug 18-1936.
Born Shockton co Ohio Jan 8-1856.
Son of Jesse Lower and Mary Dufield
Bugg Brand - son living at Pleasant Lake
admitted for permanent care.
In event of death notify Wm Deihms
Became a resident of DeKalb co 1866.
Thos Noll - Trustee - Keyser Twp. Garrett

On Aug 20-1939 discharged to live
with son's wife and grand children at Garrett
age 83 yrs.

Nov 24 admitted for permanent care.
D.E. Ocker - Trustee, Keyser twp. age 83 yr
Died Jan. 11th at 8-20-42
Garrett undertaker Zimmerman.

AGE ADMITTED

CHAS LINT 73 JAN 14 - 1937
admitted for permanent care from
Butler, Ind. Wilmington twp Born Feb 22
Geo W. Greist - trustee. 1863
Dr Chas Wenrich finds applicant epileptic
Sons Samm Lint and Herbie Lint
Children unable to give help -
application signed by W. J. Hathaway
Sam George of New Castle Ind
Herbie " Ft Wayne
Thoma " Plymouth
John of Butler Ind.
2 brothers Oliver & Rushton of Jackson Mi
Died Sept 4 - 1937 at 11:45 P.M. age 74 yrs
Burial at Butler - Johnson Undertaker

ROXIE LINT 54 JAN 14 - 1937
Wife of Chas Lint admitted for
permanent care. Lived in Butler
Ind. Wilmington twp many years
Unable to care for self -
insanity in blood - feeble minded
G. W Greist trustee.
1. Bore many feeble minded
children who were placed in homes
Some at Orphanages others in The
state school for feeble minded
application signed by W. J. Hathaway
Born Jan 27 - 1883
Discharged Nov - 4 - 1942 went to live
with Sammy and Herbie Lint

	AGE	ADMITTED.
Emma E. Lewis	76	Nov. 5-1937.

admitted for permanent care
Fathers name - James Chapman Waterloo
Mothers " Nancy Johnston " "
both deceased-
Son Fred Lewis Waterloo Ind.
Born in Ashland Co, Ohio July 20
1861 became a resident of DeKalb Co
Ind. April 1884 and of Grant twp
May 1915. E. Railroad St Waterloo Ind
Applicants certificate signed by son
Fred Lewis. trustee Fern Mois
Dr Ash finds her free from contagious
disease Oct 29-1937
Burial money has been deposited
in trust with Mrs Bertha Ettinger
undertaker; Waterloo. Ind.

Emma Lewis discharged to live
with son Fred in Waterloo Ind. Dec
12-1937.

[illegible]
[illegible]

160

AGE ADMITTED

Alfred Muhn 52 Apr-20-1927
Martin and Viola (Parents)
Notify John Clark, Undertaker Auburn

161

AGE ADMITTED

Ozie Maxwell 64 Dec 9-1931
Shore and Maxwell
Died July 15-1935 age 68 years
Buried at Pauper Cem Woodlawn Auburn

162

AGE ADMITTED

Marion Milliman 76 July 4-1933.
Warren and Jane
O.K. Shull-Trustee Concord Twp.
Notify St Joe Undertaker-Mayolo Knisely

163

AGE ADMITTED

Nora Marshall 56 Oct 2-1933
Joseph Knisely Maurina
Cancer patient
Died Oct 29-1933.

age admitted

Seymour Martin 86 Feb 28 - 1934
William and Sarah Martin
Discharged to go to Garrett Hospital - Feb 9. 35
Broken Hip
Came to Ind. from Pickway Co. Ohio Nov. 14 - 1927
J.W. Duncan Trustee, Franklin twp.
Admitted from Garrett Hospital
July 3 - 1935.
Mrs Clay Wilkins - niece - ~~457~~ Terrace St.
Columbus, Ohio. 327 S. Sandusky St.
Born Aug 28 - 1848.
died Feb. 14 - 1937. age 88 years
Burial at Woodlawn Auburn
Gerig - undertakers

	AGE	ADMITTED.
Mary Miller	35	June 29-1933

Alva Miller
admitted from Feeble Minded Home
in Ft Wayne in exchange for Salerno boy.
Born April 14. 1899 Millers City Putnam Co. Ohio
admitted to Ft Wayne State School June 4-1923
from De Kalb Co.
Alva Miller R-4-auburn Ind (Father)
Mrs Merit Matson R.R-1-Waterloo Ind (Sister
Mrs C R. Chapman-R.R.3-Butler Ind (sister)
Mrs Ray Clark R.R.3 Butler Ind (sister)

Edward May	58	aug. 3-1935

Fathers name - adolph may
Mothers name Mary albright
Son William May - CCC Camp Kokomo
In Event of death notify Clyde Oberlin Butler
Born Butler Ind. Jan -1877.
Unable to care for himself.

Died Dec 25-1935 at 2 A.M.
Stroke of paralysis - Buried at Butler Ind.

	AGE	ADMISSION
Alva Mc Danel	65	JAN 7 - 1936.

Father's name
Mother's name
Born in De Kalb co Feb 1 - 1870
Became a resident of Keyser twp in Apr 1-188
2 Sons - : Walter Mc Danel Leo Ind
Lloyd Mc Danel E. Bakersfield, Cal
Medical examiner's certificate finds
Mr Mc Danel unable to get about much
but can sit up, and helps himself.
Has no communicable disease
(signed) M. E. Klingler, medical Ex-
In event of death notify
Walter Mc Danel Leo. Ind. 467.
Thos: J. Noel, trustee Keyser twp.
Alva Mc danel died Mar - 16 1941
Geo Ilher undertaker Garrett age 71 yrs

Sylvester Milbourne	79	JAN 28 - 1937.

admitted for permanent care from
Franklin twp - Dode Houlton, trustee.
Had lived with Glenn Houser for 3 years.
was born in March - 1857
Died. May 10 - 1937 - 11:30 P.M. Heart trouble
John Clarke, Undertaker, Burial at Woodlawn

175

	AGE	ADMITTED
Ley Nichols	73	Nov 20 1928

andrew and Mary Nichols
Died March 14-1933

176

	AGE	ADMITTED
Ova Noel GARRETT.	47	Feb 16 -1929.

Samuel and Susan
notify E. Wellington 152 N. ashland Blvd apt 2
Chicago, Ill. (Mrs S. A Noel - mother
In event of death call Hinklin. Garrett

1936-Died Jan 11 at 12:15 A m. 1936.
Burial at Cedar Chapel Cemetery.

Mike Miller

age Admitted

74 Jan 19-1941.

Born in Austria and came to Gary Ind in 1907.

Has 3 boys and 1 girl in Austria.

Has 2 sisters

One - Mary Ghella. Lyons. Ill.

Left for parts unknown Feb 27-1941.

[illegible]

Birth March 21, 1866

D. Frank Mettert

-Date admitted- age

Dec. 28, 1942 76

D. Frank Mettert - Auburn - 212 St.

Bornin De Kalb County - Mar 21, 1866

No Children

In case of death notify Ralph Thomas.

Brought here Dec. 28, 1942 by Guy Meyers - Trustee of Union township of De. Kalb County.

Date of birth March 21, 1866

Mr. Mettert was single

AGE ADMITTED

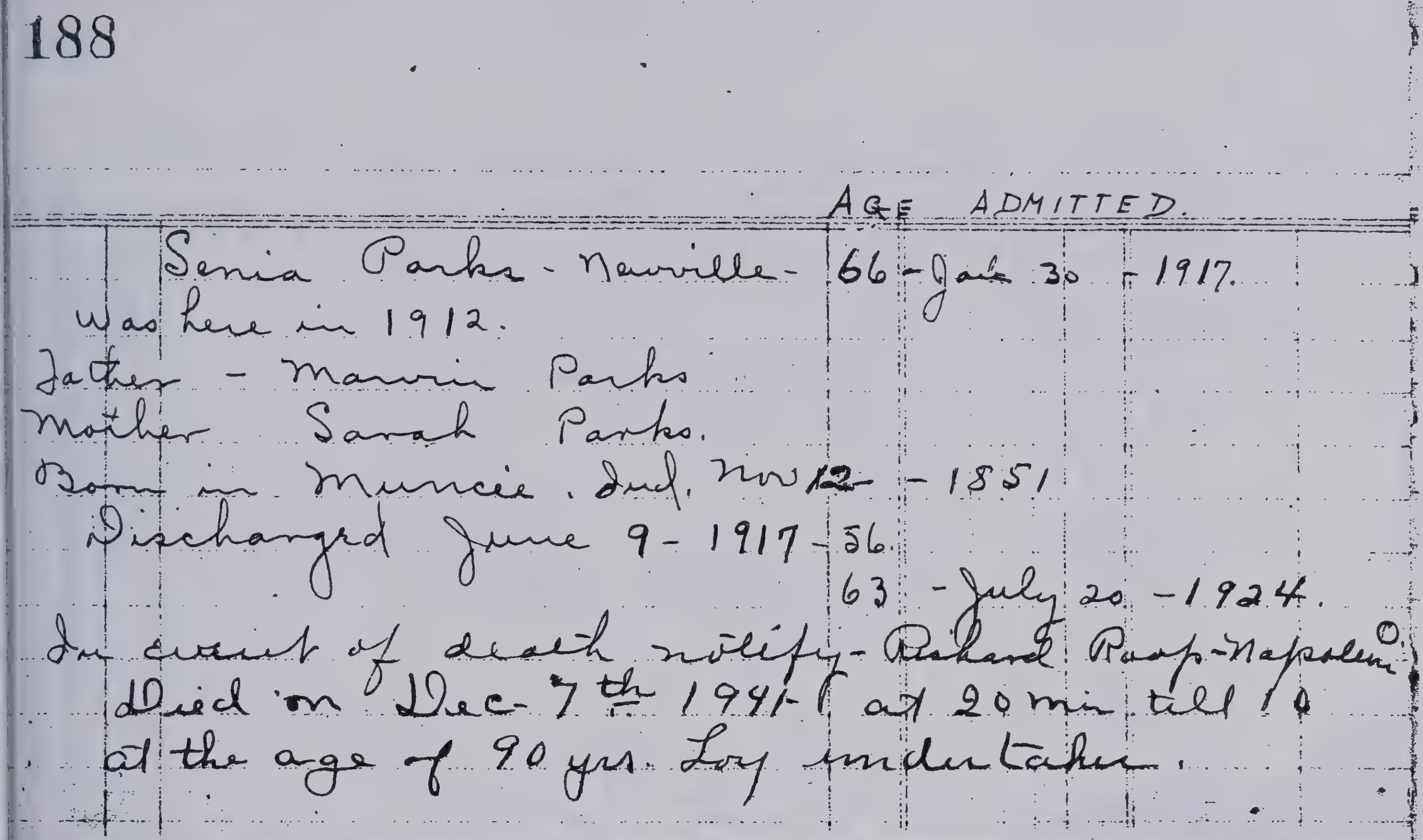
Johnny Ludwick 17 1876 (2nd time)
Died Oct 20 - 1935 age 77 years
Buried at Woodlawn - Auburn -
Jos. Furguson minister - Ray Dilgard, undertaker

Henry Lone unknown Aug 7 - 1935.
Parents unknown -
Place of birth - unknown - Some where in
Kentucky. Became a resident of DeKalb
County several years ago.
Union Twp - Newman Heffley trustee
In event of death notify
Mrs Henry Lone - Butler Ind.
mentally unsound. Dr. Harry M. Covell.
John Clark - undertaker, Auburn

Died Jan 23 - 11:15 A.M. Age about 75.
Buried at

John Niceswander 69 Mar 7 - 1936.
Father's name Martin mother's name unknown
Resided the past 2 years at 109 S. Jackson St.
Auburn Ind. Has a pension of $20.00 per -
month. A dependent of a Civil War veteran
William I. Scott, Guardian
N. Heffley trustee - Union Twp.

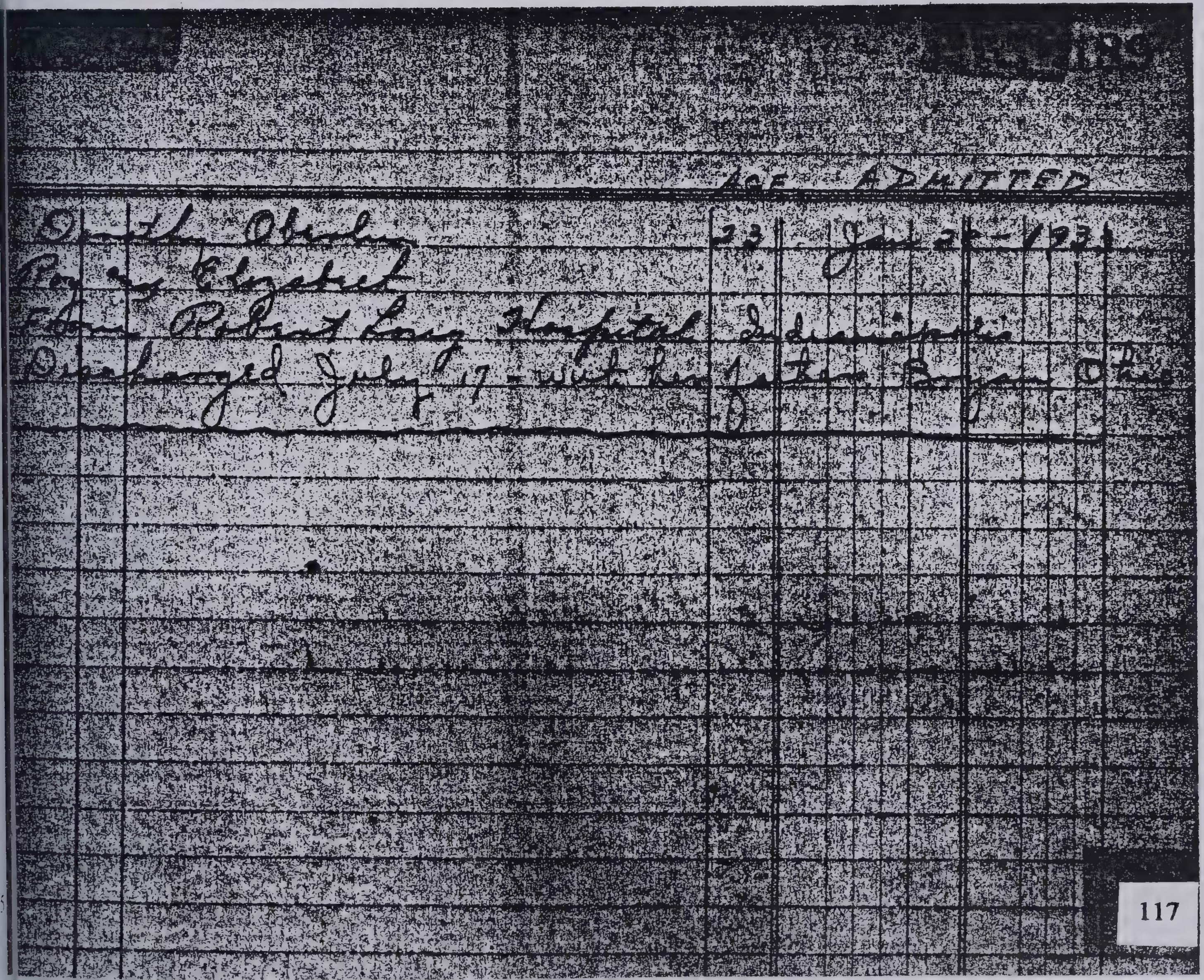
Died July 24 - 6:45 P.M. Heart trouble
and dropsy - John Clark - undertaker.



188

AGE ADMITTED.

Senia Parks - Newville - 66 - Jan 30 - 1917.
Was here in 1912.
Father - Marvin Parks
Mother Sarah Parks.
Born in Muncie. Ind. Nov ~~12~~ - 1851
Discharged June 9 - 1917 - 56.
63 - July 20 - 1924.
In event of death notify - Richard Roop - Napoleon O.
Died on Dec - 7th 1941 - at 20 min till 10
at the age of 90 yrs. Loy undertaker.



189

AGE ADMITTED

Dorothy Oberlin 23 - Jan 2[illegible] - 193[illegible]
Roxy Elizabeth
From Robert Long Hospital Indianapolis
Discharged July 17 - with her father Bryan Ober[illegible]

Mary Jackson. admitted Jan. 28 1933 p. 191
Born Jan. 29 - 1860.
Notify Pearl Puckheart Kendallville Ind.

1955
1868
73

42
1860
82

1946 5
5
1860 87

37- Admitted May 31 1937 Waterloo
Born aug 4 - 1897
John Olive Clark Roh

Inmates present on the 1st of Jan. 42.
Women.

A
B

age 8 Admitted-1891-

C. Crowl Myrtle
Born. Mar. 5-1883.
Mother
Gertrude
Milo Carpenter brother
lives at Harris Clay mill -

Admitted First Time 1932-
Dia Cramer.
Born. 1875 Feb 5-1940

Inmates present on 1st of Jan 1942
Men.

A Adams George.

B. Bassal Leonard.
B ~~Rube~~ Brown. Reuben.

C. Crowl Kenneth
Cloy Henry.
Cobler Henry.
Coburn Clarence.
Carnahan Abner.
Cramer Ira.

D

E.

F Frick Chas.

G Green Herman.

H Harker George.
Haynes P. Edward.

I

	AGE	ADMITTED.
Ethel Palmer	46	July 13-1939.

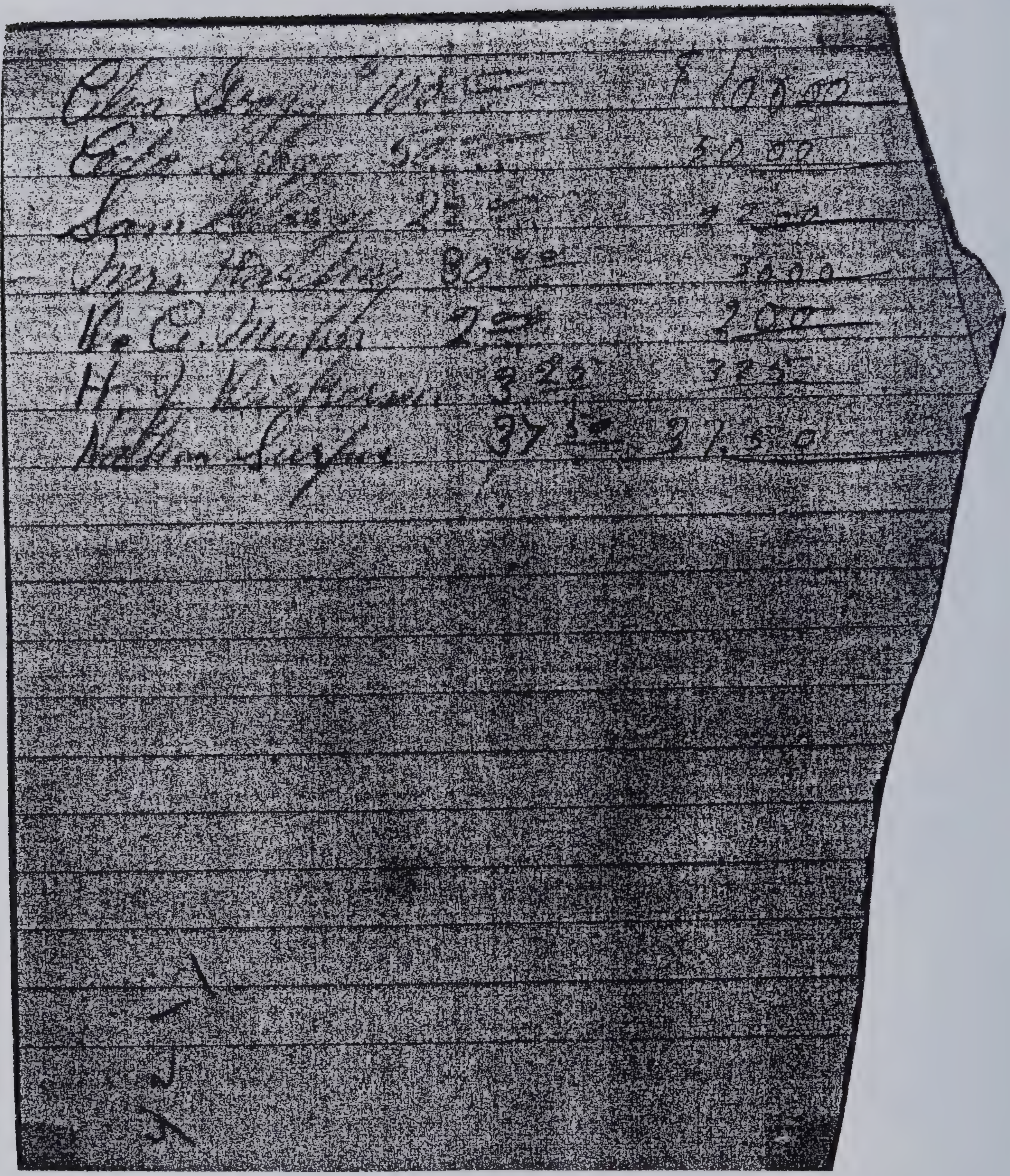
Daughter of W. W. Palmer and Nancy Tharp Palmer of Spencerville. Ind. admitted for permanent care. Never married.

3 Sisters

Mrs J. F. Kelley, Hartford City. Ind.
" John Castle 2535 Olive St. Temple City, Calif
" C. M. Miller Craigville. Ind.

Ralph Palmer, brother, Monroeville. Ind.
Born in Blackford Co. Ind. May 29-1893
Became a resident of DeKalb Co 1916
Spent the last 2 yrs in Spencerville. Ind.
Has cemetery lot on parents lot in
Elm grove Cemetery Bluffton Ind. Lot paid for
Clyde Restemeyer, trustee. Spencer twp.
In event of death notify Ralph Palmer, Monroevill

Discharged Mar 29-1940 - to live in the Pete Spitler family. Spencerville Ind. Age 47-
Came back in ~~M~~ April 1941



Chas Gray	[illegible]	$ 100 00
[illegible]	32 [illegible]	30 00
Sam [illegible]	25 [illegible]	22 00
Mrs. [illegible]	80 00	30 00
V. E. [illegible]	2 00	2 00
H. J. [illegible]	3 25	3 25
William [illegible]	37 50	37.50

	AGE	ADMITTED
William Patterson	82	July 11 - 1933
William and Elizabeth		
Discharged Oct 8-1933		Chicago

Caroline Pfister	73	July 28 - 1936:

born at Willow Springs Ill.
1863 became a resident of
DeKalb Co in 1918. Has two adopted
children Frank Pfister and
Maud Mishler of 211 - E. 17th St
Auburn. admission order signed
by Maude Mishler and in event
of death notify Frank Pfister
Dr J.A. Sanders finds applicant
free from disease
Newman Hoffly trustee Union twp

Died aug 13 - 1937 age 74 yrs.
Gring, undertaker -

AGE ADMITTED.

Thomas Edwin Quince 70 - Jan 25-1938.
Son of Joseph Quince of Corunna Ind.
born in Richland Twp, DeKalb co
in Sept 1867
Has one daughter, Helen King of Chicago
In event of death notify, niece:
Mrs Henry Leins, Avilla. Ind.
O. M. Foote, trustee Richland twp.
Has a sister at Kendallville: Ind.

Died July 16-1940 - age 72 yrs.
Heart & kidney trouble
H.A. Hinklin, undertaker, Garrett. buried
in Union cemetery. Funeral at #16. church.

Inmates Present on 1st of Jan. 1942.
Women.

Crowl Myrtle	Pg.	200
Jackson Mary.	P.	200
Kimes Maria	P	200
Lint Roxie		200
Miller Mary		201
Palmer Ethel		201
Rohm. Nettie Irene.		
Wilcox Lizzie		
Weeks Easter		
Long Emma.		
Deam Emma		
May Ida Belle.		

Men Inmates Present 1st of Jan 1942.

1 Adams George.
2 Brown Reuben.
3 Bassal Leonard.
4 Cramer Ira.
5 Clay Henry.
6 Cobler Henry.
7 Carnahan Abner.
8 Collins George.
9 Green Herman.
10 Harker George.
11 Haynes P Edward
12 Lower Joseph.
13 Marks Alfred.
14 Milleman Marion.
15 Simmers Orville
16 Wordcox Orla.
17 Frick Chas.
18 Crowl Kenneth.
19. Peck Clarence. Died Mar 2nd 1942 age 59.
20 Krantz John. Went to Richmond Oct 15th
1942 Orin Stuck returned.

Age. Admitted

Crowl Myrtle 8 - 1891 Parents Name
Born Mar 5th 1883 Martin and
Gertrude
Milo Carpenter Brother address Travis City Mich

Jackson Mary 73 Jan 28 - 1933
Notify Pearl Peckhart Kendallville Ind and
Anna Haywood Auburn Ind.
Born Jan 29th 1860 - R. W. Murry Trustee

Kimes Maria 75 May 22 - 1935
Born June 12th 1860 - Wm. Friedrich
Trustee F. C. Rhoads Spencer twp. Christina Monty
Notify Roscoe Walter Spencerville Ind -

Lint Rosie. 57
Born Jan 27th 1883 -
Childrens name Discharged Nov 4 1942
Sammy Lint went to live with Sammy
John Lint Butler and Herbie Lint
Herbie Lint Hicksville
Thomas Lint in the Army
George Lint in Home at New Castle Ind
Brought here from Butler Ind.

Age Admitted

Miller Mary Lou - 35 June 29 - 1933
Admitted from the feeble minded home.
at Ft Wayne Ind in exchange for Salmon Day
Born at Millers City April 14 - 1899 - Putnam Co
Ohio Admitted at feeble minded school at Ft
Wayne June 4 - 1922 - from DeKalb Co
Father Name Alva Miller Auburn Ind
Sisters Mrs Merritt Matson R-R-1-Waterloo Ind.
Mrs C. R. Chapman - R-R-3 Butler Ind
Mrs Ray Clark R-R 3 Butler

Palmer Ethel - 46 - July 13 - 1939 -
Born - May 29th 1893 -
Become a Resident of DeKalb Co in 1916.
Has cemetery lot on parents lot in Elmgrove
Cemetery Bluffton Ind Lot pd for.
Clyde Reelewald Trustee in death notify
Ralph Palmer.
Fathers Name - W. W Palmer.
Mothers Name - Nancy. Tharp - -
Sisters Mrs J - H Kelly Hartford City Ind
" John Castle 2525 St Temple City O.
O. M. Miller Craigville Ind.
Born in Blackford Co. Ind.

May Ida Belle was admitted ~~Oct 2nd~~ Sept 29 194
came here from Richmond Ind she has a
brother Fred Morgan Butler Ind.
Age 62

	Age	Admitted	
Rohm Nettie I.	37	May 31	1934

Born. Aug 4- 1897. Waterloo Ind

Parents names John and Olive Clark Rohm

Call Waterloo undertaker

Her sister. Mary Johnson Waterloo Ind.

Men.

Inmates Present on 1st day Jan 1942

A.	Adam George.		Died - July
B.	Brown Reuben.		
	Bassal Leonard.		
C.	Crawl Kenneth		
	Cloy. Henry.		
	Coburn Clarence		
	Cobler Henry.		
	Carnahan Abner.	Died	
	Cramer Ira.		
D.			
E.			
F.	Frick Chas.		
G.	Green Herman.		Dec 21st 42
H.	Harker. George		
	Haynes. P Edward.		

I.
J.
K.
L.
M.
N.
O.
P.
Q.
R.
S.

I.

J.

K.

L.

M. Muhm Alford
Milliman Marian

N.

O

P. Peck Clarence Died Mar-2nd 1942 age 59

Q.

R.

S St[illegible] Orin addmitted Oct 15-1942
Age 60. Born Jan-13-1882-

	AGE	ADMITTED
Nettie Irene Rohm	30	May 3 - 1934
John and Olive Clark Rohm		
Born Aug 7 - 1897. Waterloo Ind Franklin twp		
Ira C. Rohm	46	June 5 - 1934

Waterloo undertaker

Ira Rohm born March 7 - 1888.
Father died and buried at Waterloo on brothers lot
mother died and buried at Hamilton Ind. (5 lots)

Ira Rohm died 11:45 Dec 12 - 1938.
Buried at Hamilton Ind. Mss Byers of
Waterloo undertaker Paralysis

2

	AGE	ADMITTED
William D Rickel	78	Sept 12 - 1935.

Born in De Kalb co 1857
Became a resident of Union twp in 1860.
Fathers name was John Rickel (deceased)
mothers " Rachel C Hicks (married 5/29/1853
(~~deceased May 1-1858~~
Mary Ralston Step mother
no living children
Newman Heffley - trustee Union twp
Senile and suffering from hallucination
generally incompetent and physically
unfit - Sept 12-1935.
notify auburn Undertaker
Died Sept 12-1936- age 79. Elks of
Garrett, Ind. buried him in Calvary cem't
Garrett, Ind. Gerig, undertakers.

Andrew Ramai	57	May 7-1936.

Born in Banat state Mokrin Hungary
Mar 28-1879. Came to Indiana from
Ohio July 12-1906. Became a resident of
De Kalb Co, Concord twp. Jan 1-1935
Lived at Paulding, O. 1909-1934
Fathers name was Stephen Ramai
mothers maiden name Ethel Toth
Partially paralyzed in left arm
Able to do light work. Dr J.A. Sanders
In event of death just call an
undertaker - A.W. Trostel trustee
Concord twp.
Died Nov 13 - 1939 - 10 A.M. at the home
of Fred Dragos. Concord.
John R. Clark - Undertaker
Burial at Woodlawn, Auburn

AGE ADMITTED.

Thomas Rudd 82 July 21-1936.
of Butler Ind born
April 30-1854 at Bellevue Ohio became
a resident of DeKalb Co. Wilmington twp
in 1880. Nellie Snepp of Auburn is
only child.
Clayton B Hathaway, medical examiner
finds patient insane, senile dementia.
In event of death notify B. Snepp, Auburn
April 24 Tom Rudd went to Chas. Haines
hotel at Hamilton lake and on July 13-39
he went to live at Butler with Earl Patten
He applied for old age assistance and rec'd
it. Has Johnson, Butler, paid for all
burial expense cont'd to page 236.

Frank Randall 57 Aug 24-1936.
addmitted for permanent care. Son of
Milton Randall and Hannah Miller
of Waterloo Ind. – Single
Born Sedan, DeKalb co. Ind
Jan 19-1879. Has resided in Waterloo
for past 2 years. Signed by Frank Randall
Fern Moore – trustee – Grant twp
John Showalter, medical examiner
finds applicant suffering from
asthma, has cardiac decompensation
and low grade nephritis Aug 24-1936
In event of death notify Beulah Beard
Waterloo Ind.
Died Oct 4-1936-4:45 A.M. Heart trouble
Phillips-Byers undertakers – Waterloo
Age 57 years –

age   Admitted

Aylmar A. Rhoads 69. Nov. 13 - 1937.
of Auburn Ind admitted
for permanent care -
Son of John Elliot Rhoads
and Mary Studebaker
Came to Ind from Ohio in 1926
Born Mar 21 - 1868 Mar[illegible] Co Ohio
Never married
Died Nov 24 - 1937
Gering Undertakers. Insurance to bury.

Mary Rainier 24 Aug 19 - 1938
daughter of Levi Rainier and Sarah Sevits
of Waterloo Ind. plased here for temporary
care. waiting to be admitted to the
State School for Feeble minded at
Ft Wayne. Ind.
certificate signed by Peter Sevit. adm.
Fern Moore, trustee - Grant twp.

Mary Rainier discharged aug 26-1938 to
be taken To State School for Feeble minded
in Ft Wayne -

AGE ADMITTED.

JERMIAH RASTLER 82 Dec 24-1938.
of Auburn R.R. 4 admitted for permanent care
mother's name was Bishop - deceased.
Q. M. Foote trustee Richland twp. brought patient
from Sacred Heart Hospital at Garrett in Iler's
ambulance. Suffering with acute kidney
trouble. Sister - Mrs Wm Sanders of Garrett.
to be notified in event of death.
Geo. W. Iler - undertaker.
Died JAN - 8 - 1939. Buried at 16 Cemetery

Gomer George Maiden 55 Dec 31-1938.
Son of Thomas Maiden and Elizabeth Thomas
of Cleveland, Ohio.
Born Oct 17-1883 Doulas Wales, a transient
Came to Ind. from Michigan
trustee Guy Myers brought patient to home
from the hospital in Auburn where he
submitted to an emergency operation for
appendicitis
In event of death notify
Mrs Joseph Sibert - a sister
Dr Harry M. Covell finds patient free from
contagious disease Dec 30-38.

Left for parts unknown Mar 6-1939
Fully recovered from operation

	AGE	ADMITTED
Clifford Milliman	66	april 27-39

Son of James Milliman and Maria Alden
was born april 5- 1873 in Spencer Twp
DeKalb Co. and has lived in Spencer twp all his life
was admitted for permanent care
R. W. Helms M.D. certifies applicant is
in poor health - heart disease
Examined april 26-1939
In event of death notify
John D. Milliman, Valoondton Ohio.

Clifford Milliman died May 20-1939.
age 66 yrs - Roscoe Walter, undertaker
buried at alton cemetery.

Samuel Malone	63	march 21-1940

Son of Jacob and Maggie Malone of St Joe. Ind
admitted for permanent care ~~ap~~
Born april 28-1876 at St Joe. DeKalb Co
Widower and no children
In event of death notify
S. A. Mumaw - trustee, Concord twp.

Discharged Oct 5-1940 age 63 to live
with sister in Michigan near Hillsdale

236

THOMAS RUDD	AGE	ADMITTED
Insane	86	Oct 5 - 1940.

Mutzfeld - trustee - Wilmington twp

250

	AGE	ADMITTED.
Mary Magdeline Smith	FEB - 22 - 1911 24	APRIL 2 - 1914.
DISCHARGED April 10 - 1914		
	24	JUNE 13 - 1914
Ran away Jan 11 - 1923	38	
		AUG 28 - 1923.

Born July 7 - 1890 - Steuben Co. Ind
Came to Home from Garrett Ind.
Fathers name Jacob Smith
Mothers " Lena Metzler
Notify Mrs Frank Dradine Altona

was admitted first time in 1906 - Brown Supt.

Died Feb - 23 - 1941.
H.A. Hinklin Undertaker - buried in Catholic cemetery Garrett.

AGE ADMITTED

Adeline Soule 65 Nov 10 - 1933.
John and Eleanor Mc Allister
Died Dec 14 - 1933
R.W. MURRAY - TRUSTEE UNION TWP.

Charlotte Scattergood 76 July 9 - 1936.
daughter of William Jemima Sutherlin
and Lucilda Dennison
Born in Minn - Nov 27 - 1860
Has resided the past 2 years at Auburn
with her daughter - Mrs Alan Feagler.
Husband's name is George Scattergood
Dr D.M. Hines finds her freed from
contagious and infectious disease 7/8/36.
Has had a stroke.
Newman Heffley - trustee, Union twp.

Released to live with daughter Myrtle
Feagler, Auburn Ind.

		age	admitted
twins	Frank Seery	66	Nov 21 - 1933
	Charlie Seery	66	Nov 21 - 1933.

David and Lucinda Seery
Taken to Feeble Minded home at Butlerville
Feb 14 - 1934.
J.W. CAMP - TRUSTEE SMITHFIELD. TWP.

Harriet E. Smith 75 June 10 - 1938
Born in Milburn, Pa. Nov 23 - 1862
came to Ind 1864 became a resident of Grant twp. in 1864 - Waterloo Ind
Single
Dr E. A. [illegible] finds her free from contagious disease but suffering from a mental disorder.
Is here for temporary care pending a vacancy at East Haven Hospital Richmond
Fern Moon trustee, Grant twp.

Discharged to go to East Haven hospital July 18 - 1938.
Died at hospital July 19 - 1938.
Burial at Waterloo - Mrs Ettinger undertaker

	age	admitted
George Shaffer	71	June 18-1931.

Born in Ohio
Parents - Lewis and Elizabeth.
Died June 9 - 1934.

	age	admitted
	64	Feb-16-1940

Orville Summers of Auburn Ind admitted for permanent care Feb 16 - 1940
Born in Noble Co Ind son of Soloman & Sarah Summers. Dec 28 - 1875
Wife dead and no children
Became a resident of DeKalb Co in 1905.
Guy Meyers - trustee, Union twp

AGE ADMITTED

John Sawvel 69 Sept 16-1934
Parents-Isaac and Mary
Died Oct 14-1934 69
Born Frankland twp Jan 8-1865.
Became a resident of Grant twp 1924 Waterloo.
Harry Imhoff - Trustee - Grant Twp.

Orrin O Stroh - Single - 57 March 11-1940
Son of William & Laura Stroh - 311 W. 19th st auburn
admitted for permanent care
Born in De Kalb co Jan 13-1882
Certificate signed by brother Gary E. Stroh
of auburn Ind.
Guy Meyers trustee Union twp.
In event of death notify Gary Stroh.
Notify Wm Loy - undertaker

Returned to Home 15 of Oct 1942 From
Richmond Ind dont know how long
he was at Richmond Ind.

AGE ADMITTED

Eli Stark 78 Nov 21-1934
Parents unknown
Died Dec 8-1934.

Charles H. Smith 77 July 10-1935.
Father name - Harrison Smith - dead
Mother " Jane VanWillenberg dead
no - children
Born in Michigan Dec 31-1857
Became a resident of DeKalb co Ind
in March 1901.
For the past 2 years has resided in
Stafford Twp. DeKalb co.
E. D. Webster - trustee
Heart disease and odemia of the
lower extremitees - Dr J.C. Brunson MD.
In event of death notify
Mrs Minnie Tarney - 824 West
Jefferson St. Ft Wayne Ind.
Discharged to live with brother
Harry Smith, Ft Wayne Ind. July 21-35

	AGE	ADMITTED.
Harold Teeters Maude and Carell Discharged May 15 - 1934 Robert Long Hospital Indianapolis	25	Oct 28 - 1933

AGE ADMITTED

Daniel Treesh 86 Oct 12-1934
Parents - Peter and Katherine
Born in De Kalb co - Corunna
Died Nov 6-1934 - Buried at Corunna

David Troutner 78 Mar 22-1936.

Father John Troutner Wilshire Ohio.
Son Chas. O Troutner Indianapolis Ind.
" Wm C. Troutner Waterloo "
" Albert O. Troutner McKitrick Calif.
Daughter Annis D. Wallett Lima Ohio
Born April 21-1857 in Van Wert Co. O.
became a resident of Garrett. Ind Keyser
twp in 1883. Thos Noel - Trustee
In event of death call Hinklin, Garrett
and notify Wm Troutner, Waterloo Ind
Died Mar 23rd 12:45 P.M. Buried
Wed. Mar 25 in Union Cemetery.

Hazel Thies 38 Sept 20-1938
daughter of Albert Campbell and
Ella Cisk of Butler. Indiana
Children
Willeard Mendenhall 17 } Newville
James " " 19 }
Nadine Thies 13 yrs } Atchison Kansas
Lois " 11 }
Walter " 4 yrs }
Came here from Kansas.
Husband would not live with her.
Feeble Minded
R.E. Richards trustee Newville Twp.

Dec 10-1938 - Discharged and sent to live with sister
Lula Campbell 1856 E. 65 st Suite 7, Cleveland Ohio.
R.P. Fare $4.65

AGE ADMITTED.

59. JAN 25 - 1940.

Arthur Thompson son of Sam Thompson
and Mahalia Hening of Huntertown Ind.
admitted for temporary care Jan 25 - 1940
Born in Eel River twp - Allen Co - Ind
Aug 11 - 1880.
Became a resident of Butler twp. DeKalb Co.
Oct. 1936. Has resided at Ike DePew's home
in Butler twp the past 2 yrs.
Has 3 sisters living
Mrs Mae Youngblood Altona Ind.
" Sophia Bennett Ft Wayne Ind
Miss Delia Thompson Detroit
In event of death. notify Mrs Youngblood. Altona

Discharged July 21 - 1941 -
Went to work for a man named
G. Smith.

CHAS E. SMITH 67 JUNE 29 - 1940
Son of J. E. Smith & Marie Grout of Mayville Mich
admitted for temporary care June 29 - 1940.
Physically disabled from kidney disease
and will travel as soon as able. Has
been a transient for 20 yrs. scissors
sharpener.
Born May 5 - 1873 in Cass City Mich.
a Millwright by trade.
Guy Meyers trustee Union twp.
Left for Parts unknown July 29 - 1940.

	AGE	ADMITTED
Mary Ellis Shull	81	Dec 28-1940.

admitted for temporary care
was born Mar 11. 1859. daughter of
William & Mary Topper
Has 3 sons Samuel Ellis Ft Wayne
Marion " " "
Loren " Kendallville
1 daughter Alma Long Indianapolis
In event of death notify Loren Ellis Kendallville
Children has made application to have
mother committed to East Haven.
Chas Wenck M.D. Butler finds applicant
free from infectious disease
Walter Mutzfeld trustee Wilmington twp
In event of death call Allen Phelps Butler.

AGE ADMITTED.

Lizzie Wilcox 49 Dec 22 - 1915.
Fathers name - Robert Rhea
Mothers .. Anna Grube
One brother Geo Rhea Angola Ind
Daughter Mrs Ruth Freeman Garrett, Ind.
Born July 24 - 1866
Notify Auburn undertaker

Orla Wardcax 29 June 24-1936
Born March 12-1907 at St Joe, Ind.
Mother's name Minnie Wardcax
In event of death - notify Ward Wardcax
Abner Trostel Trustee Concord Twp.

AGE ADMITTED

Dan Wyatt Auburn 46 Feb 28 - 1932
Newton and Mary Wyatt
notify Auburn Undertaker
Left with Sis Trovengien May 21 - 1941

Esther Maria Weeks 84 JAN. 26 - 1940.
daughter of Thomas Young - adapted daughter
of Shreen
Born in Ohio came to Dekalb Co in 1881
lived at 301 S. Van Buren St Auburn many years.
Born Mar 22 - 1855.
application signed by Jas. C. Weeks - nephew.
Guy Meyers - trustee Union twp.

	AGE	ADMITTED
Wm Warstler	70	Dec 6 - 1932

John & Jane (Parents)
Notify Wm Loy - Auburn
Died July 12 - 1935
Buried at Woodlawn, Auburn July 14.

	AGE	ADMITTED
Rose Whetsel	69	Aug 25 - 1936.

Single daughter of Henry Whetsel and Julia
Whetsel of Butler Ind. Admitted for
permanent care. born Mar 26 - 1867 near
Butler
Chas Weirick, medical examiner finds
applicant suffering from arteriosclerosis
and nephritis. Aug 13 - 1936.
Geo W. Greist, trustee, Wilmington twp
In event of death notify Laura Meyers Fremont mich.
Died Dec. 23 - 1936 - Stroke
Johnson of Butler - undertaker

	AGE	ADMITTED
Christopher (Kit) Wise	67	May 25-1933

Harmon and Mary
Notify Mrs Becker, Corunna
Call Carl Swank - Ashley Ind.
Died Oct 11-1937. age 71 yrs-

Minnie Wallick	20	Nov 20-1935

Father's name Michael Wallick
Mother's-Catherine Eberly.
Born in Stafford twp Oct 19-1865
Resided in Wilmington Twp 40 years
and in event of death notify
Johnson's Funeral Home, Butler -
Deeded her home in Butler - to county
appraised at $600.00.

Died Jan 8-1938 age 72 yrs

278

AGE ADMITTED.

G. Ward W. Woodcox 70 Mar 20-1937.
Son of Geo. W. Woodcox
and Jane Robertson born in Concord twp
DeKalb Co. Ind. Mar 25-1866.
became an inmate for permanent care
Mar 20-1937. Single
Medical examiner Dr
finds him suffering from senility and
prostatic hypertrophy
In event of death notify Secy K. P. Lodge
St Joe. Ind.
a W. Frootel trustee Concord twp.

Taken to Sacred Heart hospital Mar 30-37.
Died April 1-1937- Cancer -
Buried at St Joe. Ind Sat- Apr 3-1937.

279

age admitted

Arthur Winebrenner 55 Dec 16-1940
Son of Joseph Winebrenner and Jane Fisher
was born March 2-1885- Churubusco Ind.
was a resident of DeKalb Co 45 yrs.
Brother Ike Winebrenner North Adams Mich
Orvie " " W-18th St. Auburn
sisters Viola Goodrich - Jackson Mich
Fern Fresh. Corunna Ind.
In event of death notify Orvie Winebrenner
Killed him self Nov-24 1941 6-30 in the evening
stuck him self with his pocket knife. Dil gards
came and got him.

57. Feb 13-
AGE ADMITTED

David Whitby of Stafford twp
admitted for permanent care Feb. 13-
1941. Son of George Whitby and
Sarah Henderson of Fort Wayne. Ind.
2 children and a wife
Francis Whelby of Stafford twp
Agnes " " " " "
Born in Ohio Oct 15-1889 and became
a resident of DeKalb Co Mar 25-1911.
" " " of Stafford twp Apr. 26-1938.
In event of death notify his sister
Mrs Emma Dangler of Waterloo Ind.

age	admitted
74	Dec. 28, 1942

Mrs. May Belle Widmer of Keyser twp. admitted here Dec. 28, 1942 - Widow
Daughter of Mr + Mrs Christian Norway
Children:
Mr. Harold Widmer - Mt. Clemens, Michigan
Mrs Helen Clear - Detroit, Mich. (456 Manitique Street)

Born in Cleveland Ohio
Date of birth Nov. 24, 1868
Became in Indiana from Defiance County - Date 1890
Became resident of Keyser township Jan 1894

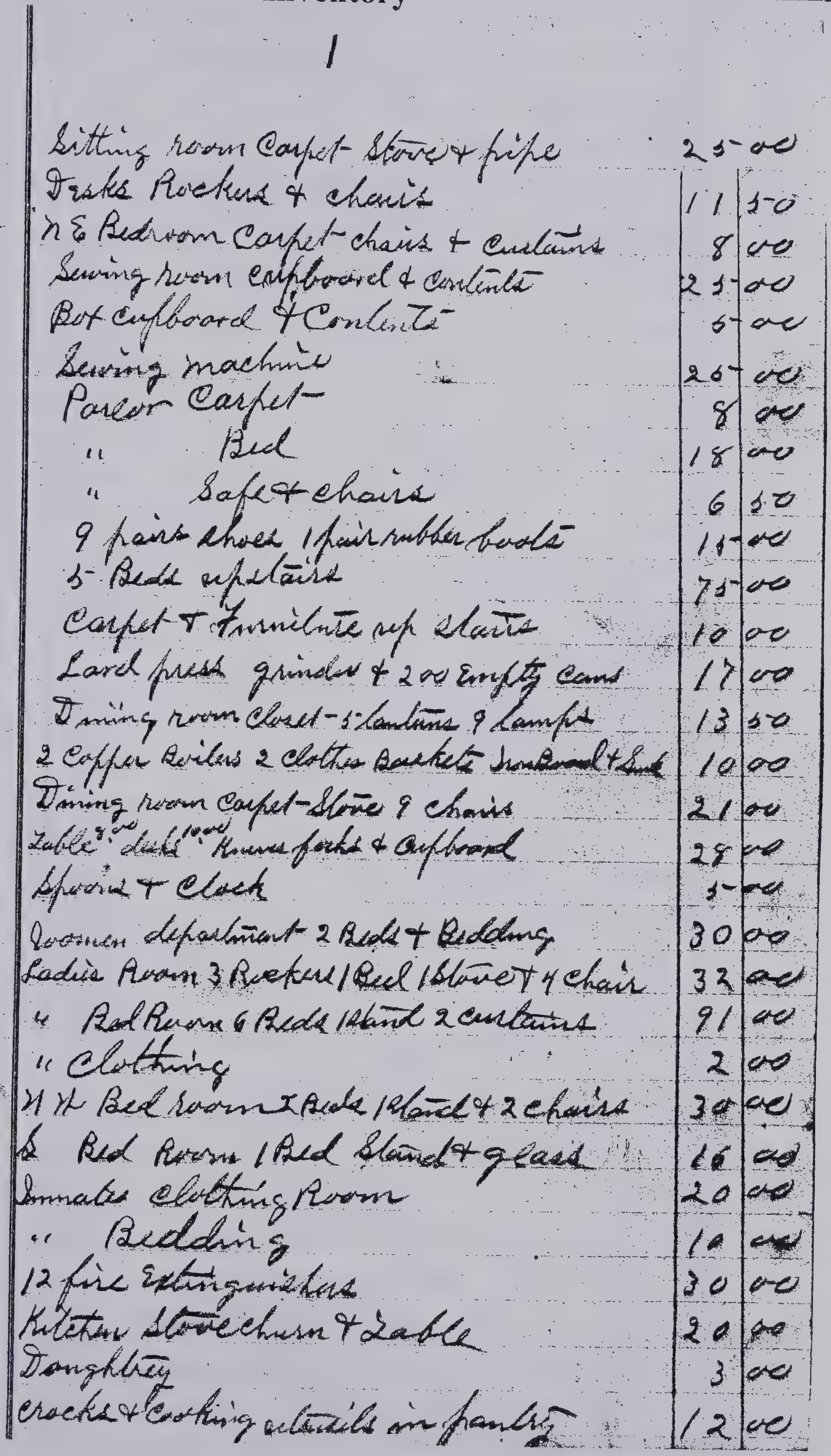
In case of death notify Mr Widmer Mt. Clemens - Michigan Also
Mrs Helen Clear - 456 Manitique Street
Detroist Michigan

	AGE	ADMITTED
Anna Zaner Butler	80	Oct 3-1932
John and Sarah		
Died Mar. 26 - 1935	83	
Buried at Butler Ind.		

Inmates present on ~~May~~ June 1-1941

1		Myrtle Crowl /	1	John Krotz		24
2		Mary Miller /	2	Romeo Drafos		25
3		Marie Kimmes /	3	Clarence Peck		✓
4		Mary Jackson ✓	4			✓
5		Easter Weeks	5			✓
6	0	Lizzie Wilcox /	6			✓
7		Rosie Lint	7			✓
8		Nettie Rohm /	8			✓
9		Lena Parks	9			✓
10		Emma Ling / died Aug 31 +	10			✓
11		Mary Schneider 10 45 PM	11			✓
12		Ethel Palmer /	12			✓
13						✓
14						
15	/	Alford Muhr /	1			✓
16		Henry Cofler /	2			✓
17		Joe Lower	3			
18		Herman Green	4			
19		Abner Carnahan	5			
20		Art Winebrenner	6			
21		Geo Collins left Sept 13th	7			
22		Ernie Leeds	8			
23		Edward Haynes /	9			✓
24		Lenard Bassler ✓	10			✓
25	/	Geo Harker /	11			✓
26		Pete Milliman /	12			✓
27		Rulan Brown /	13			✓
28		Geo Admans	14			/
29		Henry Clay ✓	15			✓
30		Olin Woodcroy /	16			✓
31		Ira Grammer / (discharged Aug 21)	17			✓
31		Arthur Thompson	18			✓
32		Orvel Simmer ✓	19			✓
33		Jesmith Crowl /	20			✓
		Chas Frick /	21		J 381	✓
		Clarence Corbin /	22			✓
		Ben Minly (discharged)	23			✓

Inventory

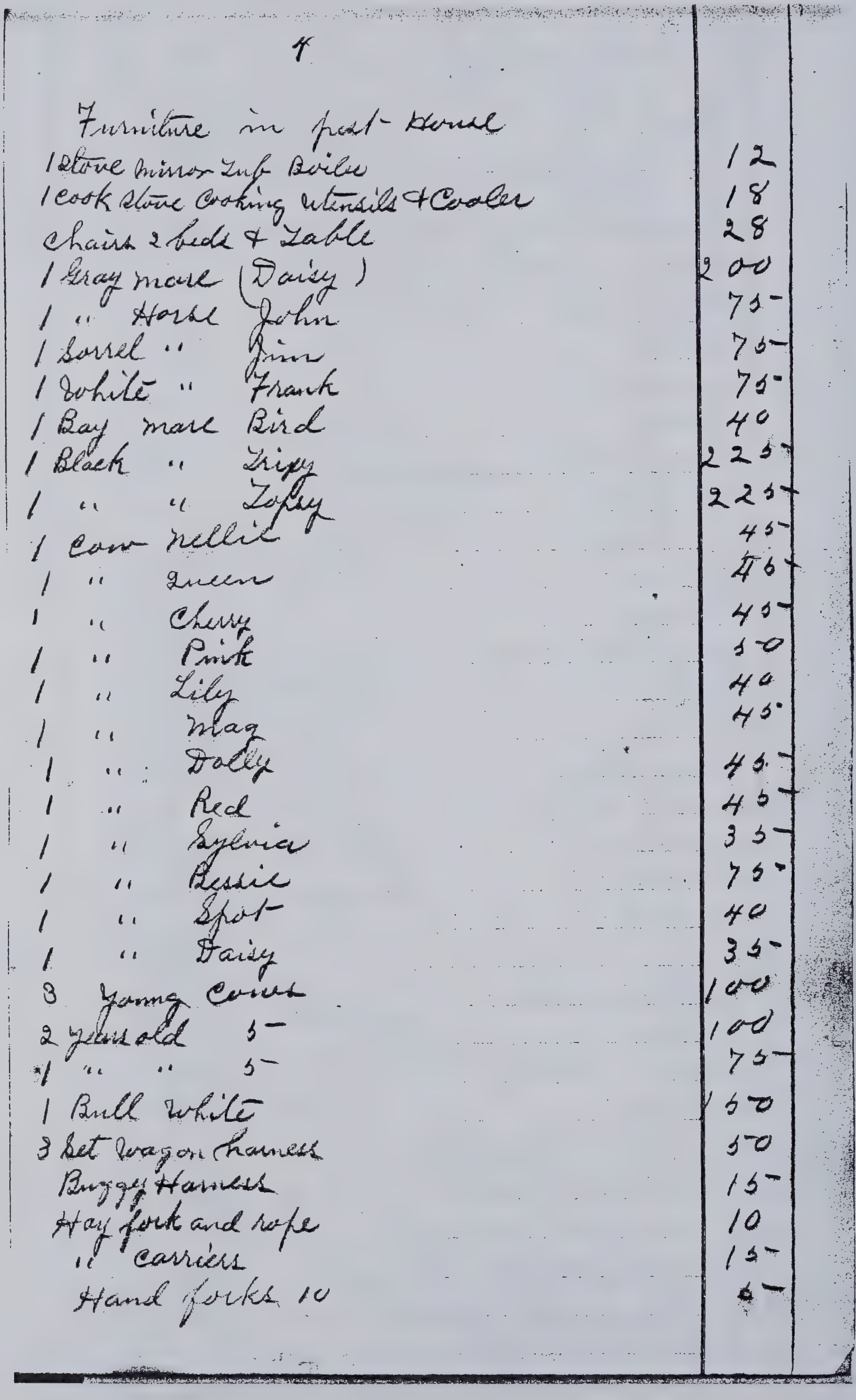


1

Sitting room Carpet Stove & pipe	25	00
Desks Rockers & chairs	11	50
N E Bedroom Carpet chairs & Curtains	8	00
Sewing room Cupboard & Contents	25	00
Box cupboard & Contents	5	00
Sewing machine	25	00
Parlor Carpet	8	00
" Bed	18	00
" Safe & chairs	6	50
9 pairs shoes 1 pair rubber boots	15	00
5 Beds upstairs	75	00
Carpet & Furniture up stairs	10	00
Lard press grinder & 200 Empty cans	17	00
Dining room Closet - 5 lanterns 9 lamps	13	50
2 Copper Boilers 2 Clothes Baskets Iron Board & Sink	10	00
Dining room Carpet Stove 9 chairs	21	00
Table 8.00 dishes 10.00 Knives forks & Cupboard	28	00
Spoons & Clock	5	00
Women department 2 Beds & Bedding	30	00
Ladies Room 3 Rockers 1 Bed 1 Stove & 4 chair	32	00
" Bed Room 6 Beds 1 Stand 2 curtains	91	00
" Clothing	2	00
N W Bed room 2 Beds 1 Stand & 2 chairs	30	00
S Bed Room 1 Bed Stand & glass	16	00
Inmates Clothing Room	20	00
" Bedding	10	00
12 fire Extinguishers	30	00
Kitchen Stove churn & Table	20	00
Doughtray	3	00
crocks & Cooking utensils in pantry	12	00

Inmate dining^{2} room^{4} Tables & 16 chairs	16	—
Stove & pipe Inmate dining room	10	
cupboard & desk " " "	12	—
In mens sitting room 1 Stand Stove & pipe	15	—
mens Bed room 1 Bed & Bedding 3 chairs	16	
" " " Stand & 2 Beds	30	
" " " 3 Beds	45	—
" " " 7 "	1 05	—
" " " 3 "	45	—
Jail Room 8 Beds	16	
" " Stove & pipe	8	
" " 4 chairs	1	
200 qts can fruit	30	
100 bu Pot	70	
10^{ga} Sorghum	6	
100 gal empty Jars	6	
Empty barrels	5	—
100 gal vinegar	10	
20 " Pickles	12	
1000 lbs Lard	1 00	
20 gal applebutter	12	
6 Bu onions	3	50
1 Creamery	30	
100# Sug & 25# Cof	9	
2500# Hams Shoulders & Bacon	3 00	
200# Sausage	20	
Ice	25	—
Contents of wash house	40	
" " Shop	10	
" " Pump house & fire Engine	40	
Empty barrels in Smoke House	12	50
Contents of milk House	12	50

Shoats 22		100
" 18		50
" 13		25-
Brood Sows 12	1	50
Boar 1		20
Hay Loader		45-
Binder		20
mower		25-
Roller		35-
Corn plows 2		30
Hay Tedder		20
" Rake		10
Plows 4		35-
Drags 2		10
Spring tooth drag 2		20
Drill		35-
Disc Harrow		10
Single plows		5-
Cutting boxes 2		8
Hay Racks 2		20
wagons 2		90
Bob Sleds 2		25-
Buggies 2		25-
Platform scales		5-
Lumber		25-
wheat 200 bu.	2	00
Oats 900 "	3	60
Hay in home barn 10 tons		80
Corn in crib 200 bu.		80
" in field 900 "	3	60
Hay in Shull Barn 20 ton	1	60
Furniture in Pest-House		60
4 Beds 2 rockers 1 table		



4

Furniture in pest House

1 Stove mirror Tub Boiler	12
1 cook stove Cooking utensils & Cooler	18
Chairs 2 beds & Table	28
1 Gray mare (Daisy)	200
1 " Horse John	75-
1 Sorrel " Jim	75-
1 White " Frank	75-
1 Bay mare Bird	40
1 Black " Trixy	225-
1 " " Topsy	225-
1 Cow Nellie	45-
1 " Queen	46-
1 " Cherry	45-
1 " Pink	50
1 " Lily	40
1 " Mag	45
1 " Dolly	45-
1 " Red	45-
1 " Sylvia	35-
1 " Bessie	75-
1 " Spot	40
1 " Daisy	35-
3 Young Cows	100
2 Years old 5-	100
1 " " 5-	75-
1 Bull White	150
3 Set wagon harness	50
Buggy Harness	15-
Hay fork and rope	10
" carriers	15-
Hand forks 10	6-

Hay carriers in Shull Barn with track ropes Slings &c	45.00
Chickens 125	50.00
Ducks 14	17.00

50 yds Prints
25 " ginkam
2 doz Coats thread 200 yds spools
40 yds heavy muslin
2 doz turkey Red Handkerchifs
8 yds heavy ticking
2 doz pair ladies Cotton hose
1 doz pair Cotton socks
1 card shirt buttons
1 paper needles
6 Cotton shirts
mosquito bar

50 lbs granulated shugar
1 bl shugar
125 lbs Coffee
15 " tea
4 " ~~soda and hammer~~
2 " baking powders
2 doz brooms
25 lbs plug tobacco G J
20 " smoking B S
2 lbs pepper

8 Pair ladies light weight shoes

Reports

1941-1946

Report to the State Department of Public Welfare of the DEKALB

For the Month Ending JANUARY 1941 Made by SAM C. MORR

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
Collins Geo.	w	81	m	S	Mich	Jan 7		1								
Miller Mike	w	74	m	S	Austria	" 19	1									

DISCHARGE

(Report all departures from institution

NAME	AGE	REASON FOR DISCHARGE	DATE
Mary Ellis Shull	81	Insane – Easthaven	Jan 21.

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - - -	21	12	33
Number admitted during the Month, - - - - - - - - - -	2	—	

Jan 1941

DPW Form 156

County Poor Asylum

intendent Postoffice Address AUBORN.

[redacted]

FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
								wife 8 living children
								Transient

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

SCHARGES

from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE

Mar 1941

Report to the State Department of Public Welfare of the DeKalb Co

For the Month Ending Mar- 31st 1941 Made by Alva F. Grogg

ADMISSI

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
Frick, Chas. H.	W	71	M	S	DeKalb Co	Mar- 8	no	X								
Crowl Kenneth	W	39	m	S	DeKalb Co	Mar. 11										

DISCHARGE

(Report all departures from institution,

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - -	22	11	33
Number admitted during the Month, - - - - - - - - - -			

Mar 1941

DPW Form 156
1500—12-20-39

County Poor Asylum

gg Superintendent Postoffice Address Auburn Ind.

ADMISSIONS

Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
					Geo. W Frick				Susan Harman				Earl-W-Frick brother
					Geo Crowl				Hattie Crooks				Edward Crowl Brother

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

CHARGES

rom institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Alva McDaniel	71	Mar 16			

Report to the State Department of Public Welfare of the DeKalb Co

For the Month Ending April 30th 1941 Made by Alva F. Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
this wrong ~~Coleman Harry~~	W	83	M		Martinsburg West Va	Sept 22 19[illegible]										

DISCHARG

(Report all departures from institutio

NAME	AGE	REASON FOR DISCHARGE	DATE
Coleman Harry	83	Just wanted to get away	April 7

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - -	23	11	34
Number admitted during the Month, - - - - - - - - - -			

Apr. 1941

DPW Form 156
1500—12-30-39

Home County Poor Asylum

9 Superintendent Postoffice Address Auburn Ind

DMISSIONS

Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
					Chas Coleman.				Mary Harding				Left for jail or prison.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

ISCHARGES

s from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE

Report to the State Department of Public Welfare of the De Kalb

For the Month Ending May 31 1941 Made by Alva H Gregg

ADMISSIO

FULL NAME (Surname First)	White or Colored	Age	Sex	Married, Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	[illegible]	Feeble-Minded	Epileptic
Lords Ernie H	W	68	M		Steben Co.	May 6											

DISCHARGES

(Report all departures from institution,

NAME	AGE	REASON FOR DISCHARGE	DATE
Wyatt Dan	53	Went to Work	May 21-41

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	22	11	33
Number admitted during the Month,	1		
Number of Discharges and Deaths during the Month,	1		
Number of Inmates present on last day of Month	22	11	33

May 1941

DPW Form 156
1500—12-20-39

County Poor Asylum

Superintendent Postoffice Address Auburn, Indiania

ADMISSIONS

Deaf	Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
						Fords Hubert C				Yockey Kathern				sister Mrs Frank Jackson

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

DISCHARGES

ures from institution, for whatever reason)

41

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE

Report to the State Department of Public Welfare of the

For the Month Ending June 19 41 Made by Alva H Grogg

ADMISSIO

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded	Epileptic
Mierly Ben. F	W	79	M		[illegible] Co Ind	[illegible]								X			
Palmer Ethel	W	48	F		Blackford Co Ind	June 6				X							
Krantz John	W	84	M		Butler Ind	June 18								X			
Dragoo Romes	W	72	M		Concord Twp	June 22								X			

DISCHARGES

(Report all departures ... for

NAME	AGE	REASON FOR DISCHARGE	DATE
Mierly Ben. F.	79	His children took him	June 14

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	23	11	34
Number admitted during the Month,	3	1	
Number of Discharges and Deaths during the Month,	1		
Number of Inmates present on last day of Month	24	12	36

DeKalb Jan 1941 County Poor Asylum

Gragg Superintendent Postoffice Address Auburn Ind

ADMISSIONS

	Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
	X					Mierly Charti				Emmica Hathey				Mrs Effie Obulin Daughter
						Palmer Wm W								L [illegible] Stepson
	X					Krontz Michael								Loyd Stal
	X					Draigoo David								Melvin Brandon Son law

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

DISCHARGES

tures from institution, for whatever reason)

	NAME	AGE	REASON FOR DISCHARGE	DATE
14				

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE

Report to the State Department of Public Welfare of the De

For the Month Ending July 31 1941 Made by Alva F. Gregg

ADMISSI

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded	Epileptic

DISCHARGI

(Report all departures from institutio

NAME	AGE	REASON FOR DISCHARGE	DATE
Thompson Arthur	61	Went to work.	July 21st

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	24	12	36
Number admitted during the Month,			
Number of Discharges and Deaths during the Month,	1		
Number of Inmates present on last day of Month	23	12	35

Report to the State Department of Public Welfare of the De Kalb

For the Month Ending Aug 31st 19 41 Made by Alva H. Gregg

ADMISSI

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded	Epileptic
Peck Clarence	W	39	M		Benton Harbor Mich	Aug 8-41			X								

DISCHARGE

(Report all departures from institution

NAME	AGE	REASON FOR DISCHARGE	DATE	

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - -	23	12	35
Number admitted during the Month, - - - - - - - - -	1		
Number of Discharges and Deaths during the Month, - - - -		1	
Number of Inmates present on last day of Month - - - - -	24	11	35

Sc

[illegible] Aug 1941 County Poor Asylum

[illegible] Superintendent Postoffice Address Auburn Ind

ADMISSIONS

Deaf	[illegible]	[illegible]	[illegible]	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
						Peck Orange				Case.				

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

DISCHARGES

artures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Schneider Mary	73	Aug. 31 1941			

Report to the State Department of Public Welfare of the De Kal

For the Month Ending Oct 30th **19**41 **Made by** Alva H Gregg

ADMISSIO

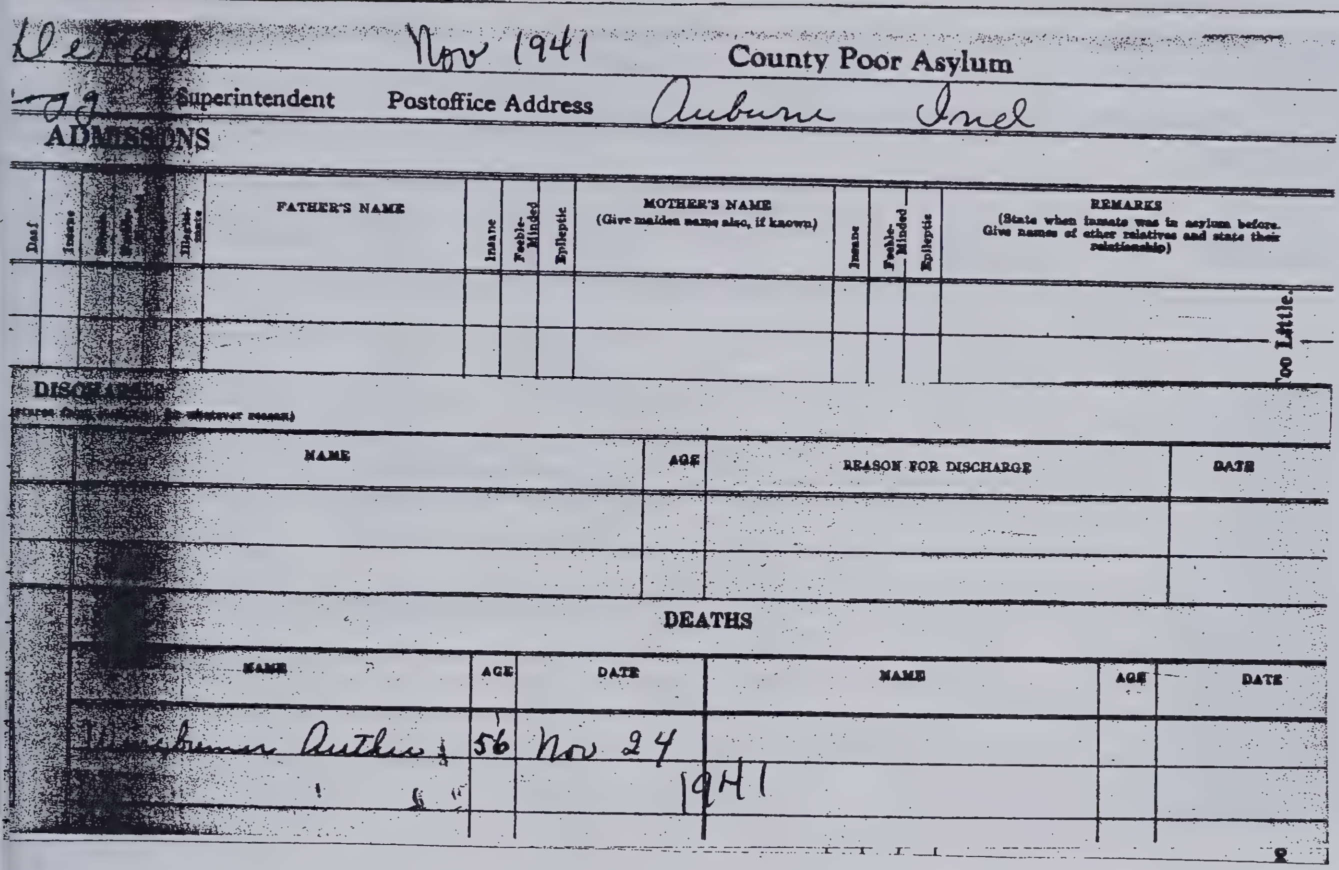
FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded	Epileptic

DISCHARGES

(Report all departures from institution,

NAME	AGE	REASON FOR DISCHARGE	DATE
Dragos Romes	72	He was Ill his daughter took him	Oct 4

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	24	11	35
Number admitted during the Month,			
Number of Discharges and Deaths during the Month,			
Number of Inmates present on last day of Month	23	11	34



DeKalb Nov 1941 County Poor Asylum

[illegible] Superintendent Postoffice Address Auburn Ind

ADMISSIONS

Deaf	Insane	[illegible]	[illegible]	[illegible]	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

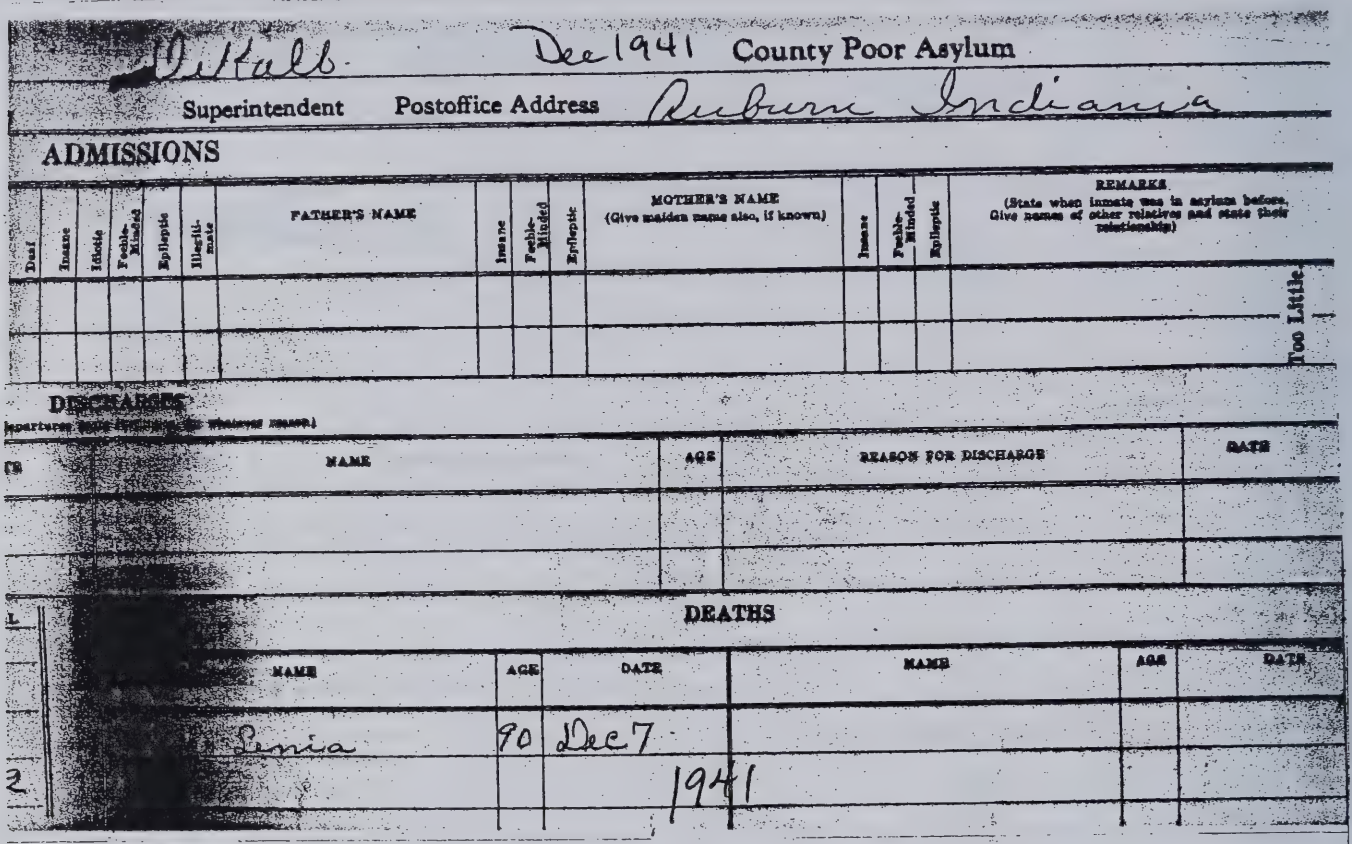
Too Little.

DISCHARGES
([illegible] for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
[illegible]brenner Arthur	56	Nov 24 1941			



Dekalb Dec 1941 **County Poor Asylum**

Superintendent **Postoffice Address** Auburn Indiana

ADMISSIONS

Deaf	Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

Too Little

DISCHARGES

eparture [illegible] whatever reason.)

E	NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

L	NAME	AGE	DATE	NAME	AGE	DATE
	[illegible] Lenia	90	Dec 7			
2			1941			

DeKalb Jan 1942 County Poor Asylum

rogg Superintendent Postoffice Address Auburn Indiana

ADMISSIONS

Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

Too Little

DISCHARGES

ures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
~~Lowe Joseph~~	86		

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Lowe Joseph	86	Jan 11th 42			

Grogg) DeKalb Mar 1942 County Poor Asylum

g. Superintendent Postoffice Address Auburn Ind

ADMISSIONS

Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

Too Little

ISCHARGES

from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Peck Clarence	59	Mar 2 1942.			

DeKalb County Poor Asylum April 1942

Trogg Superintendent Postoffice Address Auburn Indiana

ADMISSIONS

Deaf	Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

Too Little

DISCHARGES

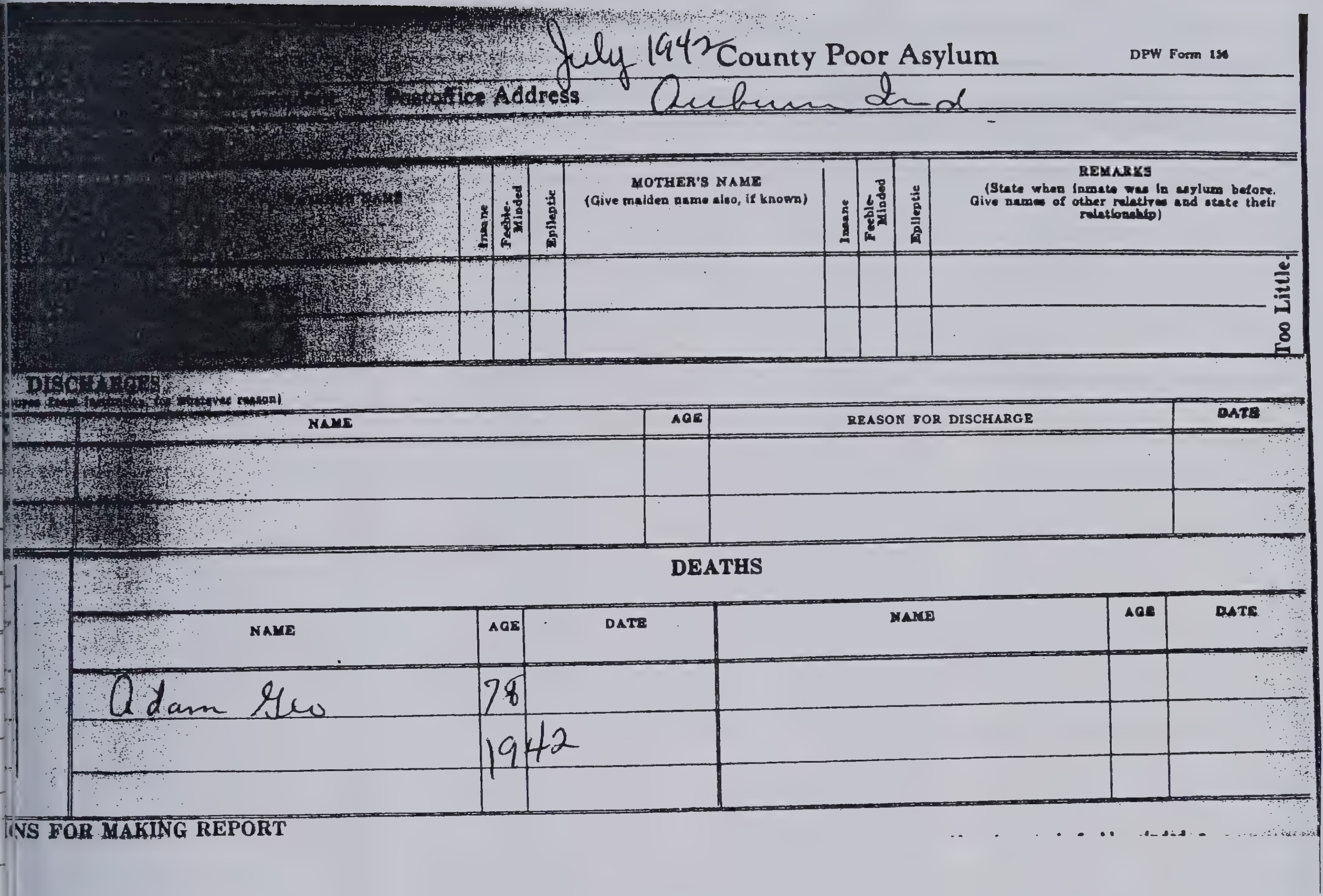
rtures from institution, for whatever reason)

	NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Lord's Emmine	69	April 5th 1942			

Give All the Information Possible Ab



July 1942 County Poor Asylum DPW Form 136

[illegible] Postoffice Address Auburn Ind.

[illegible] NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
								Too Little.

DISCHARGES

[illegible] for whatever reason)

	NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Adam Geo	78				
	1942				

NS FOR MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Aug 31 1942 Made by Alva F. Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
Koch Reuben	W	84	M	M	Concord	Aug 1st		X								

DISCHARG

(Report all departures from Institutio

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - - -	19	11	30
Number admitted during the Month, - - - - - - - - - -	1		
Number of Discharges and Deaths during the Month, - - - - -	1		
Number of Inmates present on last day of Month - - - - - -	18	11	29

Kalb Aug 1942 County Poor Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind.

NS

FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
Joseph Koch								E Jan Koch his wife

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

ISCHARGES

rent institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Carnahan Abner	88	Aug. 23- 1942			

OR MAKING REPORT

Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded

Report to the State Department of Public Welfare of the

For the Month Ending Sept 1942 Made by Alva F Gregg

ADM

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic
May Ida Belle		62	F	W	Butler Ind	Sept. 29th									

DISCHA

(Report all departures from insti

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - - -	18	11	29
Number admitted during the Month, - - - - - - - - - -		1	
Number of Discharges and Deaths during the Month, - - - -		4	
Number of Inmates present on last day of Month - - - - - -	18	12	30

Sep 1942

DeKalb County Poor Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind

MISSIONS

Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
				David Moughler				Marth Jane Smith				One Son. Wm Henry May
												1942

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

HARGES

institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE

Report to the State Department of Public Welfare of the

For the Month Ending *Oct* 19 *42* Made by

ADMISSI

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf
Orin Stroh		60	M		DeKalb Co	Oct 15			X				

(Report all departu

NAME	AGE	REASON FOR DISCHARGE	DATE
Krantz John	75		

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	18	12	30
Number admitted during the Month,	1		
Number of Discharges and Deaths during the Month,	1		
Number of Inmates present on last day of Month	18	12	30

Oct 1942 County Poor Asylum DPW Form 156

Superintendent Postoffice Address

ADMISSIONS

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
					Stah William								Brought here for Richmond

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

HARGES

institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE

R MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Nov 1942 Made by Alva F Gregg S

ADMISSION

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded	Epileptic

DISCHARGES

(Report all departures from institution, for w

NAME	AGE	REASON FOR DISCHARGE	DATE	
int Rosie	59	went to live with her son	Nov 4	

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - -	18	12	30
Number admitted during the Month, - - - - - - - - - -			
Number of Discharges and Deaths during the Month, - - - -			
Number of Inmates present on last day of Month - - - - -	18	11	29

Report to the State Department of Public Welfare of the ~~Alta~~ a

For the Month Ending Dec 19 42 Made by Alva F Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
Widmer May Belle	X	74	F		Cleveland O	Dec 28			X							
y																
Y																
x																
Mettert Frank O	X	76	M		Dont know	Dec 28			X							
Mc Clintock Elias	X	75	M		Gallion O	Dec 28			X							

DISCHARG

(Report all departures from institution

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - -	18	11	29
Number admitted during the Month, - - - - - - - - - -	2	1	
Number of Discharges and Deaths during the Month, - - - -	2	1	
Number of Inmates present on last day of Month - - - - - -			
	18	11	29

192

DeKalb Dec 1942 **County Poor Asylum** DPW Form 156

-99 Superintendent Postoffice Address Auburn Ind

ADMISSIONS

Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
					Woway Christian				Colldett Harriat				Widmer Harold
													Clear Helen Son
													and daughter
					X				X				X
					McClintock Jry.				Scbot Mary.				McClintock Clarence son

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

CHARGES

institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Green Herman	79	Dec 21st-42	Weeks Easter Maria	87	Dec 26 42.
Collins George B.	83	Dec 25-42			

AKING REPORT

1943

Reports

Report to the State Department of Public Welfare of the

For the Month Ending Jan 31st 1943 Made by Alva F. Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
Hines Hilda	W	72	F		Germany	Jan 5			X							
Lint Roxie	W	54	F		Butler Ind.	Jan 4		X	X							

DISCHARG

(Report all departures from institutio

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - - -	18	11	29
Number admitted during the Month, - - - - - - - - - - -		2	
Number of Discharges and Deaths during the Month, - - - -			
Number of Inmates present on last day of Month - - - - - -	18	13	31

DIRECTIONS

DeKalb " Jan 1943 County Poor Asylum DPW Form 154

Superintendent Postoffice Address Auburn Ind

Jg

ADMISSIONS

Deaf	Insane	Blind	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
						Rienhard M.								Mrs H L. Stebing daughter
						Walters								she has 5 sons 2 in the
														Army -

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

DISCHARGES

([illegible] for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
8					

NS FOR MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Feb 28 1943 Made by Alva F. Ga

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	[illegible]	[illegible]	[illegible]	Feeble-Minded
Van Lear Easter	W															
Martin Almaria	W															

DISCHARG

(Report all departures from institutio

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month - - - - -	18	13	31
Number admitted during the Month, - - - - - - - - - -		2	
Number of Discharges and Deaths during the Month, - - - -			
Number of Inmates present on last day of Month - - - - -	18	15	33

DIRECTIONS FOR MA

Mar 1943

De Kalb County Poor Asylum DPW Form 156

gg Superintendent Postoffice Address Auburn Ind R-R-4

ADMISSIONS

Insane	Idiotic	Feeble-Minded	Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

SCHARGES

rom institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
Bassler Leonard	72	Mar 24			

FOR MAKING REPORT

Report to the State Department of Public Welfare of the De Kal

For the Month Ending April 19 Made by Alva F. Gregg

ADMISSI

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic

DISCHARGES

(Report all departures from institution,

NAME	AGE	REASON FOR DISCHARGE	DATE
Lint Rorye	60	Went to live with son.	April-24

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	17	15	32
Number admitted during the Month,			
Number of Discharges and Deaths during the Month,		1	
Number of Inmates present on last day of Month	17	14	31

DIRECTIONS FOR MAKIN

Report to the State Department of Public Welfare of the

For the Month Ending May 1943 Made by Alva F. Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married—Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Idiotic	Feeble-Minded
Rohm Amous	W	77	M	X	De Kalb	May 4			X							

DISCHAR

(Report all departures from institut

NAME	AGE	REASON FOR DISCHARGE	DATE

	MALES	FEMALES	TOTAL
Number of Inmates present on first day of Month	17	14	31
Number admitted during the Month,	1		
Number of Discharges and Deaths during the Month,	1		
Number of Inmates present on last day of Month	17	14	31

DIRECTIONS FOR M

DeKalb May 1943 **County Poor Asylum** DPW Form 166

Superintendent Postoffice Address Auburn Ind.

ADMISSIONS

Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)
		Rohm Simon				~~Mo~~ Hosh Harden Mary				Mrs Chester Shutty niece

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

CHARGES

(or whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
[illegible]ch Ruben	85	May 7 1943			

MAKING REPORT

Aug 1943 **County Poor Asylum** DPW Form 158

Superintendent Postoffice Address Auburn Ind

ADMISSIONS

Epileptic	Illegitimate	FATHER'S NAME	Insane	Feeble-Minded	Epileptic	MOTHER'S NAME (Give maiden name also, if known)	Insane	Feeble-Minded	Epileptic	REMARKS (State when inmate was in asylum before. Give names of other relatives and state their relationship)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little.

for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DEATHS

NAME	AGE	DATE	NAME	AGE	DATE
mer May Bell	95	Aug 12			
Amos	77	Aug 26.			

AKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Oct 1943 Made by Alva F. Gregg

ADMISSIO

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded	Epileptic
Thomas Frank	W	70	M	M	Woodburn Ind	Oct 8th 1943			X							
Lesson	W	66	M	W	Garrett Ind	Oct 25th 1943			X							

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DIRECTIONS FO

Report no Inmates except those received or discharged or who have died during the month. If at any time we need a full

DeKalb Oct 1943 **County Asylum** DPW Form 156

Superintendent Postoffice Address Auburn Ind R R 4

ADMISSIONS

FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
Thomas Frank J.	Classen Elizabeth	
Leman Joseph	Houned Eliza	

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	16	13	29
2 Admissions This Month	2		
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	18	13	31
	18	13	207

FOR MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Nov 1943 Made by Alva F Gregg

ADMISSIC

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
Mortimer Alice	84	Her daughter took her.	Nov 3

DIRECTIONS FOR MA

Report no Inmates except those received or discharged or who have [illegible]

Dec 1943

County Asylum

DPW Form 156

Superintendent Postoffice Address

DMISSIONS

Deaf	Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE
Brown Ruben	75	Dec 29

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	18	12	30
2 Admissions This Month			
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month	1		
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	17	12	29

S OR MAKING REPORT

1944

Reports

Report to the State Department of Public Welfare of the

For the Month Ending Jan 19 44 Made by Alva F Gregg

ADMISSIO

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded	Epileptic
Hayes Edward E	W	80	M	W	Defiance O	Jan [illegible]			X							
Mortimer Alice	W		F	W	Dont know	Jane 25		X								
Keen Annetta	W	79	F	W	DeKalb Co	Dec 29			X							
Potts Peter	W	74	M	W	Welles Co Ind	Dec 29								X		

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DIRECTIONS FOR M

discharged or who have died during the month. If at any time we need a full

De Kalb Jan 1944 County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind

MISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
			Hayes James	Hayes Rebecca	
			Dont know		Mason Lulu daughter
			Morrow Greenbery	Hall Dadiana	Keen Chester son.
X			Dont Know		Potts Ray son.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	17	12	29
2 Admissions This Month	2	2	
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	19	14	33

MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Feb. 19 44 Made by Alva H. Gragg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
Potts Peter	74	His daughter took	Feb 2

DIRECTIONS FOR MA

Report no Inmates except those received or discharged or who have died

Apr 1944

DeKalb County Asylum DPW Form 156

9 Superintendent Postoffice Address Auburn Ind R-R-4

MISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE
Ida Belle May	63	april 9-44

SUMMARY

		MALES	FEMALES	TOTAL
1	Inmates Present on Last Day of Previous Month	19	14	33
2	Admissions This Month			
3	Total (Item 1 Plus 2)			
4	Discharges and Deaths This Month		1	
5	Inmates Present on Last Day of This Month (Item 3 Minus 4)	18	13	32

OR MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending July 1944 Made by Alva H Grogg

ADMISSIC

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded
Robeson A Phoebe	W	66	F		Auburn Ind	July 5			X						

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

July 1944

DeKalb County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind

ISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
			John Fruty	Sarah Johnson.	one son.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

		MALES	FEMALES	TOTAL
1	Inmates Present on Last Day of Previous Month	19	13	32
2	Admissions This Month		1	
3	Total (Item 1 Plus 2)			
4	Discharges and Deaths This Month			
5	Inmates Present on Last Day of This Month (Item 3 Minus 4)	19	14	*33

MAKING REPORT

Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded

DeKalb Sep 1944 **County Asylum** DPW Form 156

Superintendent Postoffice Address Auburn Ind

ADMISSIONS

FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE
Stock Oron B	61	Sept 24.

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	19	14	31
2 Admissions This Month			
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month	1		
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	18	14	32

S FOR MAKING REPORT

Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded, a

Report to the State Department of Public Welfare of the

For the Month Ending Oct 31 1944 Made by Alva F. Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-
Phillips Alice A.	W	82	F	M	Allen Co	Oct 27								X	

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
Keen Annetta	79	Went to live with her son	Oct 25

DIRECTIONS FOR

Oct 1944

DeKalb County Asylum DPW Form 156

19 Superintendent Postoffice Address Auburn Ind

ADMISSIONS

Deaf	Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
	X			Wise Wm.	Mc Kee Minerva	Phillips Frank E. Son.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	18	14	32
2 Admissions This Month		1	
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month		1	
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	18	12	32

NS FOR MAKING REPORT

ull Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded, a

Report to the State Department of Public Welfare of the

For the Month Ending Dec 31 1944 Made by Alva H Gregg

ADMISSI

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded
Phillips Alice	W	83	F	M	Allen Co Ind.	1944 Dec								X	

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DIRECTIONS FOR MA

Report no Inmates except those received or discharged or who have died *during the month.* If at any time we need a full list of all the inmates in the asylum, we will give you notice.

Dec 1944

DeKalb County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind.

MISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
x			Wise William	McKee Minerva	has one son San Francisco Calif

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	18	14	32
2 Admissions This Month			
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	18	14	32.

OR MAKING REPORT

Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded, a

1945-1946

Reports

Report to the State Department of Public Welfare of the

For the Month Ending Jan 1945 Made by Alva H. Gurg

ADMIS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane
Trumpfy Henry	w	76	M.		Switzerland	Jan-20-		X						
					Born Dec 9-1869.									

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DIRECTIONS FOR MA

DeKalb - Jan 1945 **County Asylum** DPW Form 156

Grogg. Superintendent Postoffice Address Auburn Ind - R.R. 4-

ADMISSIONS

Blind	Deaf	Insane	Feeble-minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
					His Father and	Mother died when	Mrs Henry Grogg -
					a Child		

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	18	14	32
2 Admissions This Month			
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	19	14	32

ONS FOR MAKING REPORT

full Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded, a

Report to the State Department of Public Welfare of the

For the Month Ending Feb 28 1945 Made by Alva H Grig

ADMIS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-
Thee John W.	W	68	M	M	~~Sy~~ Sidney O	Feb 24								X	

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DIRECTIONS FOR EA

Feb 1945 De Kalb County Asylum DPW Form 156

rg 9. Superintendent Postoffice Address Auburn Ind RR 4

MISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
X			Flee Amas.	Richardson Sara	Merl-Alfred-Hiram and John A Flee Children.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

		MALES	FEMALES	TOTAL
1	Inmates Present on Last Day of Previous Month	19	14	33
2	Admissions This Month	1		
3	Total (Item 1 Plus 2)			
4	Discharges and Deaths This Month			
5	Inmates Present on Last Day of This Month (Item 3 Minus 4)	20	14	34

OR MAKING REPORT

Most of the spaces may be filled by single strokes under the proper headings. For instance, if an inmate is feeble-minded, a

Report to the State Department of Public Welfare of the

For the Month Ending March. 1945 Made by Alva F Gurg

ADMIS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
Trumpy Henry	76	Went home	Mar. 11

DIRECTIONS FOR A

Report to the State Department of Public Welfare of the

For the Month Ending April 1945 Made by Alva H Gregg

ADMISSIC

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
Roberson A Phoebe	67	~~April~~ Went to work.	April 7
John A Fee	78	Went to Sons Home	April 20

Report to the State Department of Public Welfare of the

For the Month Ending May 31 1945 Made by Alva F Gragg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded
Nichols Alice O	W	49	F	W	DeKalb Co	May 19			X						
Commany Wm A.	W	73	M	M	Springfield Ill.	May 24									

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DeKalb Co. May 1945 County Asylum DPW Form 156

49 Superintendent Postoffice Address Auburn Ind.

SSIONS

Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
		Trifdelt Jame	Eva Harmes	Four Children Living
		Bromany Samuel	Cromany Eliza	Seven Children none able to keep

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	18	13	31
2 Admissions This Month	1	1	
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	19	14	33
	19	14	33

MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending June 1945 Made by Alva F Gregg

ADMIS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane
Noel Effie May	W	62	F	S	Keyser Twnshp	June 4 45			X					
Miller Alva	W	82	M	W	Crawford Ohio	June 9				X				

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

DeKalb Jun 1945 County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind RR 4

ISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
			Noel Peray	Thompson Mary Ellen	she has one brother
			Muller Joseph	Louisa Muller	He has three daughters

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	19	14	33
2 Admissions This Month	1	1	
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	20	15	35

OR MAKING REPORT

De Kalb Co Home Oct 1945 County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind R R 4

ADMISSIONS

Blind	Deaf	Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE
Kimes Marie	86	Oct 12

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	20	15	35
2 Admissions This Month			
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month		1	
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	20	14	34

ONS FOR MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending Nov. 1945 Made by Alva F. Gragg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-
Deems Eliza	W	74	F	S	Butler Ind	Nov-8-		X							

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

Nov 1945

DeKalb County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind

MISSIONS

FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
Deems Joseph	Deems Rebbecap	Both deseased.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	20	14	34
2 Admissions This Month			
3 Total (Item 1 Plus 2)		1	
4 Discharges and Deaths This Month			
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	20	15	35

OR MAKING REPORT

This is for Dec 2d Jan 1946

De Kalb Co Home 1945 County Asylum DPW Form 166

Grogg Superintendent Postoffice Address Auburn Ind RR 4

ADMISSIONS

Blind	Deaf	Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
							M W
						Inmate	on the ~~Last~~ First day of Jan 18-15-34
						One death "	" Last " " " 17-15-33
						Pete Millimar	

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE
Haynes P.E.	71	Dec 15

SUMMARY

		MALES	FEMALES	TOTAL
1	Inmates Present on Last Day of Previous Month	20	15	35
2	Admissions This Month			
3	Total (Item 1 Plus 2)			
4	Discharges and Deaths This Month	1		
5	Inmates Present on Last Day of This Month (Item 3 Minus 4)	19	15	34
		19	15	34

DeKalb · Apr 1946 County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind R R 4

ADMISSIONS

	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE
Dehun Emma	66	April 8-46

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	33	15	33
2 Admissions This Month			
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month		1	
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	18	14	32

S FOR MAKING REPORT

Report to the State Department of Public Welfare of the

For the Month Ending For June 1946 Made by Alva F. Gregg.

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married, Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-
Tomlinson Chas L.	W	89	M	X	Marysville O	June 15		+							

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE

Jun 1946

DeKalb County Asylum DPW Form 156

Superintendent Postoffice Address Auburn Ind RR 4

DMISSIONS

Deaf	Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
						Harry Tomlinson Son.

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

		MALES	FEMALES	TOTAL
1	Inmates Present on Last Day of Previous Month	18	14	32
2	Admissions This Month	1		1
3	Total (Item 1 Plus 2)			
4	Discharges and Deaths This Month			
5	Inmates Present on Last Day of This Month (Item 3 Minus 4)	19	14	33

Report to the State Department of Public Welfare of the

For the Month Ending July. 1946 Made by Alva F. Gregg

ADMISS

FULL NAME (Surname First)	White or Colored	Age	Sex	Married Single or Widowed	PLACE OF BIRTH	WHEN ADMITTED	Able-Bodied	F'ble thro' old age	Sickly	Crippled	Paralytic	Blind	Deaf	Insane	Feeble-Minded
Deck Wm. Earl.	W	61	M	S	Butler Ind.	July 10			X						

DISCHARGES

(Report all departures from institution, for whatever reason)

NAME	AGE	REASON FOR DISCHARGE	DATE
Hines Hilda	76	went to live with her daughter	Aug 1st

July 1946

DeKalb County Asylum

DPW Form 156

orge Superintendent Postoffice Address Auburn Ind

MISSIONS

Insane	Feeble-Minded	Epileptic	FATHER'S NAME	MOTHER'S NAME (Give maiden name also, if known)	REMARKS (If inmate has been in this or any other institution (county or state), give date if known, and name of institution.)
			Dick George.	Patterson Minna E	

Give All the Information Possible About Each Inmate. Give Too Much Rather Than Too Little

DEATHS

NAME	AGE	DATE

SUMMARY

	MALES	FEMALES	TOTAL
1 Inmates Present on Last Day of Previous Month	19	14	3[illegible] 33
2 Admissions This Month	1		
3 Total (Item 1 Plus 2)			
4 Discharges and Deaths This Month		1	
5 Inmates Present on Last Day of This Month (Item 3 Minus 4)	20	13	33

Applications

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Union Township DeKalb. County

1. Name Cyrus Baughman Sex Male
2. Address East 15th Street 3. Township Union
4. Place of Birth Union Twp. 5. Date of Birth May 5 – 1870
6. Age 82 7. American Citizen yes
8. Length of Time Lived in Township 37 Years Months
9. Name of Guardian (if one has been appointed) —
10. Address of Guardian —

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Paul Baughman	M.	52	Gas Co		Son
Dessie " "	F.	50	—		Daughter
Ralph " "	M.	48	Factory		Son
Edna	F.	46	Housework		Daughter

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? yes

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? yes

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? yes

14. Are you or any member of your family employed now? yes

Who? Paul Baughman Where? Gas Co. Wages ?

Who? Dessie " Where? ? Wages ?

Who? Ralph " Where? Factory Wages ?

15. Are you able to work? no Past Occupation Salesman

If not able to work, give reasons why not Old age

16. Are you looking for work? no.

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? no

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? no

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? no

If not, give reasons why not Families of their own

21. Do you or your husband or wife own any property? no

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions
Old Age yes $ $34.00 mo
Spanish War $
World War I $
World War II $
$

B. Benefits
Lodge, Name
$
Insurance Company
$ 34.00 mo.

C. Industrial Compensation $ Social Security

D. Income from rents $
E. Income from sale of produce $
F. Income from sale of property $
G. Income from roomers or boarders $
H. Help from any other organization other than the township trustee
Give name
Amount $

23. Do you or your husband or wife have: A. Bank Account? B. Savings Account?
C. Stocks or Bonds? D. Other resources?

24. What are your reasons for asking for admission to the County Home? Can not get around

25. What actual needs are you unable to supply for yourself? Food Care & Shelter

26. Have you exhausted all other means of living? —

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Cyrus Baughman, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Union Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Cyrus Baughman
Applicant

Subscribed and sworn to before me this 3 day of November, 1952

My Commission expires

Joe Miller.
Trustee ~~or Notary Public~~

STATEMENT OF EXAMINING PHYSICIAN

I, A. R. Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☒ poor ☐; that ....he is free from any infectious or contagious disease, except ....

Dated this 10 day of November, 1952 A. R. Clarke M.D.

Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....

....

....;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....

Institution

Dated this .... day of ...., 19.......

....

....

....

Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Smithfield Township Dekalb County

1. Name John William Bherns Sex
2. Address Ashley 3. Township
4. Place of Birth Near Defiance Ohio 5. Date of Birth
6. Age 85 7. American Citizen
8. Length of Time Lived in Township About 16 years Years ——— Months
9. Name of Guardian (if one has been appointed) none
10. Address of Guardian none

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Beulah Gumm	female	61	—		Daughter
Dealah Bevier	"	59	Housewife		"
Fredonia Justus	"	55	"		"
William Bherns	Male	51	Shell Oil	Avrige	Son

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? no

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? no

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? One half of the $1.00 per day or
$-.50 fifty cents.

14. Are you or any member of your family employed now? no

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? no Past Occupation Retired for years

If not able to work, give reasons why not old age

16. Are you looking for work?

17. Have you been offered a job in the last two months?

Where? Wages

18. Have you or your husband or wife any relatives who are helping you?

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you?

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not

21. Do you or your husband or wife own any property?

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions
Old Age ....$
Spanish War ....$
World War I ....$
World War II ....$
............$

B. Benefits
Lodge, Name ....
............$
Insurance Company ....
............$

C. Industrial Compensation ......$

D. Income from rents ....$
E. Income from sale of produce ......$
F. Income from sale of property ......$
G. Income from roomers or boarders ....$
H. Help from any other organization other than the township trustee
Give name ....
....
Amount ....$

23. Do you or your husband or wife have: A. Bank Account Bank acct for burial Purpose B. Savings Account? ....
C. Stocks or Bonds? — D. Other resources? —

24. What are your reasons for asking for admission to the County Home? Impossible to take care of self

25. What actual needs are you unable to supply for yourself? none

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

---

AFFIDAVIT OF APPLICANT

State of Indiana
County of De Kalb } SS:

I, Maggie Orilla Bherns, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Ashley, Indiana DeKalb County Township, Shithfield DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Maggie Orilla Bherns
by Beulah Berrier
Applicant

Subscribed and sworn to before me this 24. day of May, 19 54

My Commission expires August 6, 1955

Lewis W. Bonbrake
~~Trustee or~~ Notary Public

Bherns, John William

STATEMENT OF EXAMINING PHYSICIAN

I, C R Clarke MD. of Auburn, Indiana, in the County of DeKalb Co, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☒ poor ☐; that he is free from any infectious or contagious disease, except He is blind and almost deaf. Will be operated shortly for cataract He can hear well 3 feet away.

Dated this 24 day of May, 1954 C R Clarke MD.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ________, ________

of ________, ________ County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA } SS:
________ County }

Commissioners Court,
________ Term, 19____.

In the matter of the application of ________ for admission to the County Home.

Comes now ________ and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ________

________;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

________.
Institution

Dated this ____ day of ________, 19____.

____

____

____
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

APPLICATION
for
ADMISSION TO COUNTY HOME

Concord Township DeKalb County

1. Name Ray Bowman Sex Male
2. Address St. Joe, Ind 3. Township Concord
4. Place of Birth Newville 5. Date of Birth April 29th 1883
6. Age 65 7. American Citizen Yes
8. Length of Time Lived in Township 60 Years Months
9. Name of Guardian (if one has been appointed)
10. Address of Guardian

Mr. & Mrs. Frank R. Bowman - St. Joe, Ind. Phone 75 W-

FAMILY

Name	Sex	Age	Occupation	Income	Relationship

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

14. Are you or any member of your family employed now?

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? Past Occupation

If not able to work, give reasons why not Incompetent

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? Yes

Who? Brother How much? Board Room clothes

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? no

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not

21. Do you or your husband or wife own any property? No

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

Bowman, Ray

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age no $

Spanish War " $

World War I " $

World War II " $

$

B. Benefits

Lodge, Name no

$

Insurance Company no

$

C. Industrial Compensation no $

D. Income from rents no $

E. Income from sale of produce " $

F. Income from sale of property " $

G. Income from roomers or boarders " $

H. Help from any other organization other than the township trustee no

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? no B. Savings Account? no

C. Stocks or Bonds? no D. Other resources? no

24. What are your reasons for asking for admission to the County Home? Have been living in my brother's home - My brother's wife is no longer able physically to care for me

25. What actual needs are you ~~un~~able to supply for yourself? none

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, D. B. Ridgway, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Concord Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Ray Bowman
Applicant

Subscribed and sworn to before me this 22 day of May, 1948

My Commission expires

D. B. Ridgway Trustee
Trustee or Notary Public

Bowman, Ray

Came here June-12-48

STATEMENT OF EXAMINING PHYSICIAN

I, C R Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☒ poor ☐; that ....he is free from any infectious or contagious disease, except ....

Dated this 22 day of May, 1948. C R Clarke M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA } SS:
.... County }

Commissioners Court,
.... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....

....

...............................;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this .... day of ...., 19........

....

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Keyser Township DeKalb County

1. Name Frances Ellen Campbell Sex Female
2. Address 806 So Lee 3. Township Keyser
4. Place of Birth Garrett Ind 5. Date of Birth
6. Age 75 years 7. American Citizen yes
8. Length of Time Lived in Township 75 Years Months
9. Name of Guardian (if one has been appointed) None
10. Address of Guardian None

FAMILY

Name	Sex	Age	Occupation	Income	Relationship

2 sons both dead Husband dead

No rel[illegible]s able to Help

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? yes

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? yes

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? yes

Campbell, Frances Ellen

14. Are you or any member of your family employed now? No

Who? .... Where? .... Wages............

Who? .... Where? .... Wages............

Who? .... Where? .... Wages............

15. Are you able to work? No Past Occupation ....

If not able to work, give reasons why not ....

16. Are you looking for work? ....

17. Have you been offered a job in the last two months? ....

Where? .... Wages ....

18. Have you or your husband or wife any relatives who are helping you? No

Who? .... How much? ....

Who? .... How much? ....

Who? .... How much? ....

19. Have you or your husband or wife any relatives who are able to help you? /

Who? .... How much? ....

Who? .... How much? ....

Who? .... How much? ....

20. Are any of your sons or daughters financially able to contribute to your support in any way? No

If not, give reasons why not............

21. Do you or your husband or wife own any property? No

Who? .... Where? ....

Who? .... Where? ....

Amount owed on property $............ Amount due each month $............

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age Yes $40.00
Spanish War $
World War I $
World War II $
$

B. Benefits

Lodge, Name No
$
Insurance Company No
$

C. Industrial Compensation $ No

D. Income from rents No $

E. Income from sale of produce No $

F. Income from sale of property No $

G. Income from roomers or boarders No $

H. Help from any other organization other than the township trustee

Give name No

Amount $

23. Do you or your husband or wife have: A. Bank Account? No B. Savings Account? No

C. Stocks or Bonds? No D. Other resources? No

24. What are your reasons for asking for admission to the County Home? No home or relation to Care for her

25. What actual needs are you unable to supply for yourself? My Old age Pension Only

26. Have you exhausted all other means of living? Yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I Frances Ellen Campbell being first duly sworn, upon my oath depose and say that my legal settlement or residence is Garrett Keyser Township, Dekalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed
Applicant

Subscribed and sworn to before me this 12 day of November, 1947.

My Commission expires 1961

Lester Simmer
Trustee ~~or Notary Public~~

STATEMENT OF EXAMINING PHYSICIAN

I, C. R. Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☒ poor ☐; that she is free from any infectious or contagious disease, except She has heart trouble but otherwise in fairly good health

Dated this 24 day of November, 1947

C. R. Clarke M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA }
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

............................;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this ...... day of ...., 19......

Oscar Fulk Pres
....
....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Prescribed by Indiana Department of Public Welfare

COUNTY POOR ASYLUM ADMISSION ORDER

From Jackson Township, DeKalb County

(A separate admission order must be made for each person sent to the county poor asylum.)

Name Henry Cloy Address Auburn

Sex M Color W Married, single, widowed or divorced? Single

Father's Name Henry Address

Mother's maiden name Mary Address

Living children:

Name Address

Name Address

Name Address

Are the children, or is any one of them, able to provide support? If so, specify. No

Is the applicant able to pay all or any part of the cost of his maintenance? Specify. No

In event of death or other emergency, notify County

LEGAL SETTLEMENT DATA

Place of birth DeKalb Co. Ind. Date of birth 1870

Applicant came to Indiana from Date

Became resident of DeKalb County, Date

Became resident of Union Township, Date

Where has applicant resided during the past two years? Jackson Twp. DeKalb Co.

APPLICANT'S CERTIFICATE: I hereby certify that the above statements are true, to the best of my knowledge and belief.

Signed: John Weaver (Applicant or Proxy)

If applicant does not have legal settlement in this county, on what ground is admission order based?

ADMISSION ORDER

Auburn Ind., May 31 1934

TO THE SUPERINTENDENT, COUNTY POOR ASYLUM:

Dear Sir: Please admit the above named Henry Cloy to the county poor asylum for permanent care.

(Specify whether for temporary or permanent care)

(Signed) John Weaver

Trustee Jackson Township, DeKalb County

MEDICAL EXAMINER'S CERTIFICATE

This certifies that I have this day examined the above named,

and find h to be

(Signed) Medical Examiner. Date

NOTE:—Trustee will communicate with the superintendent of the county poor asylum, wherever possible, before sending applicant to asylum for admission. For laws governing admission, see reverse side of this blank.

Prescribed by Indiana Department of Public Welfare

COUNTY POOR ASYLUM ADMISSION ORDER

From Union Township, De Kalb County

(A separate admission order must be made for each person sent to the county poor asylum.)

Name Henry Cobbler Address

Sex M Color W Married, single, widowed or divorced? Single

Father's Name Hayden cobbler Address

Mother's maiden name Nancy Cobbler Address

Living children:

Name Address 2 brothers -

Name Address John in Jackson Twp.

Name Address Lester in auburn

Are the children, or is any one of them, able to provide support? If so, specify. Clara McClellan, sister

Is the applicant able to pay all or any part of the cost of his maintenance? Specify. none

In event of death or other emergency, notify

LEGAL SETTLEMENT DATA

Place of birth Jackson Twp. Date of birth 1873.

Applicant came to Indiana from Date

Became resident of all his life County, Date

Became resident of Township, Date

Where has applicant resided during the past two years? auburn, Ind

APPLICANT'S CERTIFICATE: I hereby certify that the above statements are true, to the best of my knowledge and belief.

Signed: Henry Cobbler [illegible] (Applicant or Proxy)

If applicant does not have legal settlement in this county, on what ground is admission order based?

ADMISSION ORDER

auburn Ind. apr 29 1938

TO THE SUPERINTENDENT, COUNTY POOR ASYLUM:

Dear Sir: Please admit the above named Henry Cobbler to the county poor asylum for care.

(Specify whether for temporary or permanent care)

(Signed) [illegible] - acting Trustee

Trustee Union Township, DeKalb per N.R. County

MEDICAL EXAMINER'S CERTIFICATE

This certifies that I have this day examined the above named,

and find h to be

(Signed) Medical Examiner. Date

NOTE:—Trustee will communicate with the superintendent of the county poor asylum, wherever possible, before sending applicant to asylum for admission. For laws governing admission, see reverse side of this blank.

Form Prescribed by State Board of Accounts

County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

GRANT Township

DEKALB County

1. Name SARAH JANE COLLINS Sex FEMALE

2. Address WATERLOO

3. Township GRANT

4. Place of Birth OHIO

5. Date of Birth OCT - 16 - 1864

6. Age 85

7. American Citizen YES

8. Length of Time Lived in Township 10 Years ____ Months

9. Name of Guardian (if one has been appointed)

10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
ANCIL COLLINS	M	49	TWA Airline		SON
LOIS BASSOFF	F	45	HOUSEWIFE		DAUGHTER
LESTER COLLINS	M	40	MECHANIC		SON
SHELDON COLLINS	M	44	LABORER		SON
EVAN COLLINS	M	59	BUTCHER		SON
GORDON COLLINS	M	57	FARME		SON
NINA SOWLES	F	46	HOUSEWIFE		DAUGHTER

call Nina SOWLES Hamilton Ind. Phone No. 2610

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? YES

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? YES

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? YES

14. Are you or any member of your family employed now? NO

Who? ______ Where? ______ Wages ______

Who? ______ Where? ______ Wages ______

Who? ______ Where? ______ Wages ______

15. Are you able to work? NO Past Occupation HOUSEWIFE

If not able to work, give reasons why not OLD AGE

16. Are you looking for work? UNABLE

17. Have you been offered a job in the last two months? NO

Where? ______ Wages ______

18. Have you or your husband or wife any relatives who are helping you? NO

Who? ______ How much? ______

Who? ______ How much? ______

Who? ______ How much? ______

19. Have you or your husband or wife any relatives who are able to help you? Yes

Who? Party the children How much? ______

Who? ______ How much? ______

Who? ______ How much? ______

20. Are any of your sons or daughters financially able to contribute to your support in any way? yes

If not, give reasons why not ______

21. Do you or your husband or wife own any property? No

Who? ______ Where? ______

Who? ______ Where? ______

Amount owed on property $ ______ Amount due each month $ ______

22. Do you or your husband or wife receive any of the following:

A. Pensions
- Old Age ______ $______
- Spanish War ______ $______
- World War I ______ $______
- World War II ______ $______
- ______ $______

No

B. Benefits
- Lodge, Name ______ $______
- Insurance, Company ______ $______

No

C. Industrial Compensation ______ $______

D. Income from rents ______ $______

E. Income from sale of produce ______ $______

F. Income from sale of property ______ $Unknown

G. Income from roomers or boarders ______ $______

H. Help from any other organization other than the township trustee

Give name none

Amount ______ $______

23. Do you or your husband or wife have: A. Bank Account? yes B. Savings Account? ______

C. Stocks or Bonds? ______ D. Other resources? ______

24. What are your reasons for asking for admission to the County Home? unable to impose on children for a home. Willing to pay own way in County Home

25. What actual needs are you unable to supply for yourself? non except a home.

26. Have you exhausted all other means of living? Not financially

27. Any other statements about matters concerning your application not covered by the foregoing questions

______

AFFIDAVIT OF APPLICANT

State of Indiana
County of Dekalb } SS:

Admitted Dec 16 - 1949

I, Sarah Jane Collins, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Grant Township, Dekalb ______ County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed x Sarah J. Collins
Applicant

Subscribed and sworn to before me this 14th day of December, 1949.

My commission expires ______

Otto Shuman
Trustee or Notary Public
Trustee of Grant Twp

Collins, Sarah Jane

STATEMENT OF EXAMINING PHYSICIAN

I, C K Clarke MD. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☒ fair ☐ poor ☐; that __he is free from any infectious or contagious disease, except For her age is very good.

Dated this 12 day of Dec, 1949.

C K Clarke MD.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ______________________, ______________________

of ______________________, ______________________ County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA } SS:
______________ County }

Commissioners Court,
______________ Term, 194__.

In the matter of the application of ______________________ for admission to the County Home.

Comes now ______________________
and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the appplication (are) (are not) true and correct; that ______________________

____

____

______________________;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

______________________.
Institution

Dated this ____ day of ______________, 194__.

____

____

____
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Prescribed by Indiana Department of Public Welfare

COUNTY POOR ASYLUM ADMISSION ORDER

From Wilmington Township DeKalb County

(A separate admission order must be made for each person sent to the county poor asylum.)

Name Eliza Deems Address Butler

Sex fe Color Wh Married, single, widowed or divorced? Single

Father's Name Joseph Deems Address Deceased

Mother's maiden name ~~unknown~~ Rebecca N. Deems Address ''

Living Children:

Name None Address

Name Address

Name Address

Are the children, or is any one of them, able to provide support? If so, specify.

Is the applicant able to pay all or any part of the cost of his maintenance? Specify.

In event of death or other emergency, notify Mrs Fred Moughler Butler Ind

LEGAL SETTLEMENT DATA

Place of birth Wilmington twp Date of birth Nov 1. 1871

Applicant came to Indiana from Date

Became resident of County, Date

Became resident of Township, Date

Where has applicant resided during the past two years? East Oak St Butler and East Main St Butler Ind

APPLICANT'S CERTIFICATE: I hereby certify that the above statements are true, to the best of my knowledge and belief.

Signed: Walter Mutzfeld (Applicant or Proxy)

If applicant does not have legal settlement in this county, on what ground is admission order based?

ADMISSION ORDER

Butler Ind., Nov 8 1945

TO THE SUPERINTENDENT, COUNTY POOR ASYLUM:

Dear Sir: Please admit the above named Eliza Deems to the county poor asylum for Permanent care.

(Specify whether for temporary or permanent care)

(Signed) Walter Mutzfeld

Trustee Wilmington Township, DeKalb County

MEDICAL EXAMINER'S CERTIFICATE

This certifies that I have this day examined the above named, Eliza Deems

and find her to be free from infectious disease

(Signed) Chas. D. Weirich M.D. Medical Examiner. Date 11-6-45

NOTE:—Trustee will communicate with the superintendent of the county poor asylum, wherever possible, before sending applicant to asylum for admission. For laws governing admission, see reverse side of this blank.

(New Form 1934)

Prescribed by State Department of Public Welfare
(2500—1-1-43)

S.D.P.W. Form 1207

COUNTY POOR ASYLUM ADMISSION ORDER

✓ From ______ Township, De Kalb County
(A separate admission order must be made for each person sent to the county poor asylum.)

Name William Earl Deck Address Auburn, Indiana

Sex Male Color White Married, single, widowed or divorced? Divorced

Father's Name George Deck Address Deceased

Mother's maiden name Minda E. Patterson Address Deceased

Living children:

Name Mrs Helen Holgren Address Porter, Indiana, Box 47

Name Mr Donald A Deck Address 517 E Madison St, Goshen, Ind.

Name Mr. Gerald Deck Address 1037 S Webster St, Kokomo, Ind.

Are the children, or is any one of them, able to provide support? If so, specify. No.

✓ Is the applicant able to pay all or any part of the cost of his maintenance? Specify. No.

In the event of death or other emergency, notify Mrs. Betty Loffredo (daughter)
225 W. Depot St. Butler, Ind.

LEGAL SETTLEMENT DATA

Place of birth Butler, Indiana, R.R. Date of birth September 4, 1895

Applicant came to Indiana from ______ Date ______

Became resident of De Kalb County, Date Boyhood.

Became resident of Wilmington Township, Date "

Where has applicant resided during the past three years? Butler Indiana-1 year:
Auburn - 2 years (last address)

APPLICANT'S CERTIFICATE: I hereby certify that the above statements are true, to the best of my knowledge and belief.

Signed: ______ (Applicant or Proxy)

If applicant does not have legal settlement in this county, on what ground is admission order based? ______

ADMISSION ORDER

Auburn Ind., July 10 1946

TO THE SUPERINTENDENT, COUNTY POOR ASYLUM:

Dear Sir: Please admit the above named William Earl Deck to the county poor asylum as one who has/has not/legal settlement in this township.
(Strike out either has or has not from the above line.)

(Signed) Guy Myers

Trustee Union Township, DeKalb County

MEDICAL EXAMINER'S CERTIFICATE

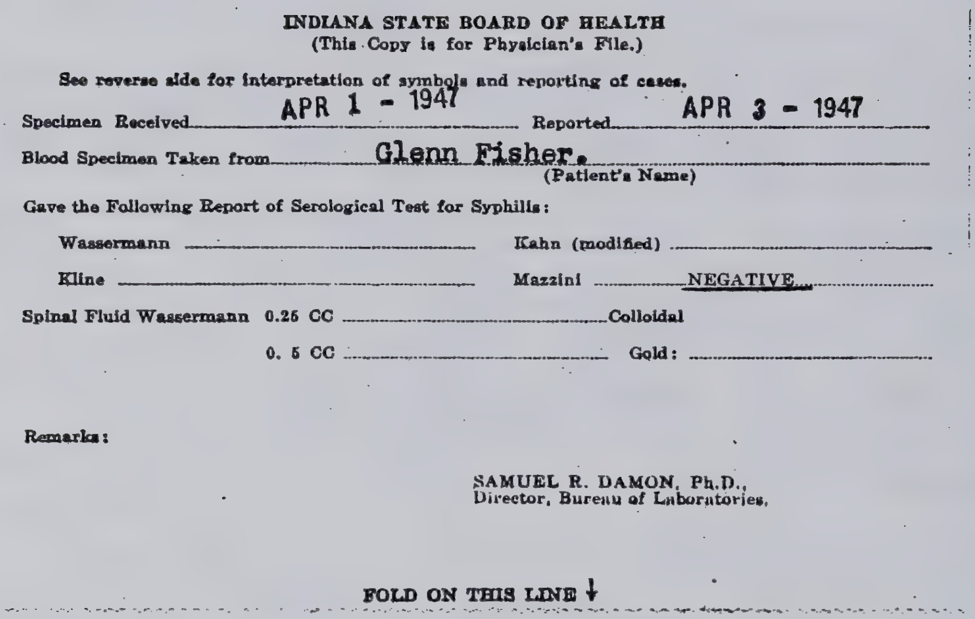
This certifies that I have this day examined the above named, William Earl Deck and find him to be mentally & physically fit for entrance to the County Home

(Signed) C. R. Clarke M.D. Medical Examiner. Date July 10, 1946

NOTE:—Trustee will communicate with the superintendent of the county poor asylum, wherever possible, before sending applicant to asylum for admission. For laws governing admission, see reverse side of this blank.

In case of illness or death send "messenger telephone call"; and the telephone company will deliver message to Mrs. Betty Laffredo

Deck
1946



INDIANA STATE BOARD OF HEALTH
(This Copy is for Physician's File.)

See reverse side for interpretation of symbols and reporting of cases.

Specimen Received APR 1 - 1947 Reported APR 3 - 1947

Blood Specimen Taken from Glenn Fisher.
(Patient's Name)

Gave the Following Report of Serological Test for Syphilis:

Wassermann

Kahn (modified)

Kline

Mazzini NEGATIVE

Spinal Fluid Wassermann 0.25 CC

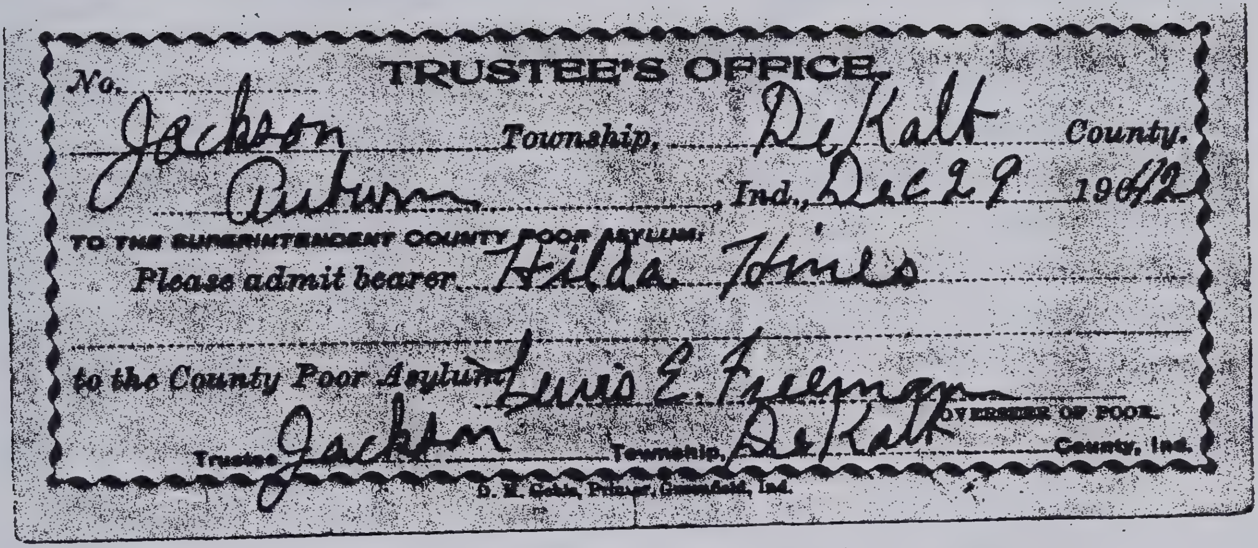
0. 5 CC

Colloidal Gold:

Remarks:

SAMUEL R. DAMON, Ph.D.,
Director, Bureau of Laboratories.

FOLD ON THIS LINE ↓



TRUSTEE'S OFFICE

No. Jackson Township, DeKalb County.

Auburn Ind., Dec 29 1942

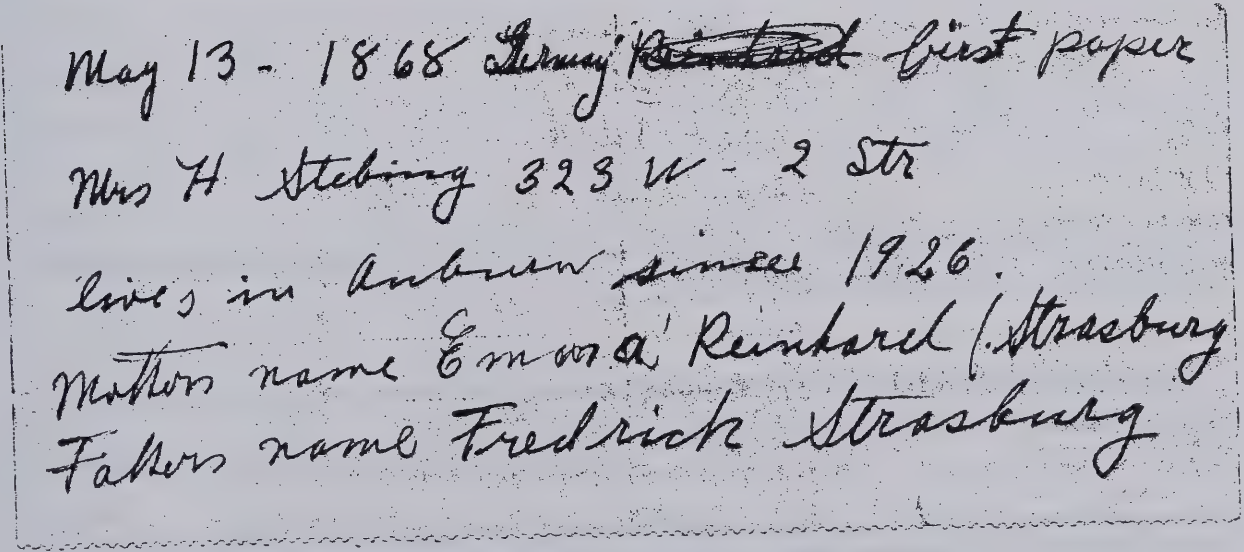
TO THE SUPERINTENDENT COUNTY POOR ASYLUM:

Please admit bearer Hilda Hines

to the County Poor Asylum Lewis E. Freeman OVERSEER OF POOR.

Trustee Jackson Township, DeKalb County, Ind.

D. H. Goble, Printer, Greenfield, Ind.



May 13 - 1868 Germany ~~[illegible]~~ first paper
Mrs H Stebing 323 W - 2 Str
lives in Auburn since 1926.
Mothers name Emma Reinhard (Strasburg
Fathers name Fredrick Strasburg

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Jackson Township Dekalb County

1. Name Almeda Hilkey Sex female
2. Address Auburn 3. Township union
4. Place of Birth Jackson Twp 5. Date of Birth Mar 30 - 1878
6. Age 70 yrs 7. American Citizen yes
8. Length of Time Lived in Township 70 Years 10 Months
9. Name of Guardian (if one has been appointed) none
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Frank Hilkey	male	73	Retired	—	Brother
Rose Zehendner	female	68	Retired		Sister

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

14. Are you or any member of your family employed now? no

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? no Past Occupation none

If not able to work, give reasons why not Senility

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? no

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you?

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not

21. Do you or your husband or wife own any property? no

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following: no

A. Pensions

Old Age $

Spanish War $

World War I $

World War II $

$

B. Benefits

Lodge, Name none

$

Insurance Company

$

C. Industrial Compensation $

D. Income from rents $

E. Income from sale of produce $

F. Income from sale of property $

G. Income from roomers or boarders $

H. Help from any other organization other than the township trustee

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? yes B. Savings Account?

C. Stocks or Bonds? D. Other resources?

24. What are your reasons for asking for admission to the County Home?

No other place available

25. What actual needs are you unable to supply for yourself? pay for keep

26. Have you exhausted all other means of living?

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Almeda Hilkey, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Jackson Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed
Applicant

Subscribed and sworn to before me this 6 day of January 1950

My Commission expires

Joseph W. Gerig
Trustee or Notary Public

Admitted Jan 9 –

STATEMENT OF EXAMINING PHYSICIAN

I, ... of ...., in the County of ...., State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☐; that ....he is free from any infectious or contagious disease, except ....

....

Dated this............day of ...., 19........ ....
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, Joseph W Gerig, Trustee of Jackson, DeKalb County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....................................;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this .... day of ...., 19........

....

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

JACKSON Township DEKALB. County

1. Name MEDA HILKEY. Sex FEMA).
2. Address AUBURN. 3. Township JACKSON.
4. Place of Birth DEKALB. CO. 5. Date of Birth 1879. MAR. 30
6. Age 72 YEARS 10 Mo 14 DA. 7. American Citizen YES.
8. Length of Time Lived in Township ALWAYS. Years .... Months
9. Name of Guardian (if one has been appointed) RUE. W. MURRAY
10. Address of Guardian 121 E 19 St. AUBURN. IND.

FAMILY

Name	Sex	Age	Occupation	Income	Relationship

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? ....

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? ....

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? ....

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Union Township DeKalb. County

1. Name Ralph C. Horvey Sex Male
2. Address Auburn. Gen. Del. 3. Township Union
4. Place of Birth Concord 5. Date of Birth July 4- 1892
6. Age 61 7. American Citizen yes.
8. Length of Time Lived in Township 41 Years 3 Months
9. Name of Guardian (if one has been appointed)
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Maurice Horvey	M.	65			brother
Richard Horvey	M.	70	—		Brother

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

Howey, Ralph

14. Are you or any member of your family employed now? no

Who? .... Where? .... Wages........

Who? .... Where? .... Wages........

Who? .... Where? .... Wages........

15. Are you able to work? yes Past Occupation Chaeuffer.

If not able to work, give reasons why not ....

16. Are you looking for work? yes

17. Have you been offered a job in the last two months? no

Where? .... Wages ....

18. Have you or your husband or wife any relatives who are helping you? no

Who? .... How much? ....

Who? .... How much? ....

Who? .... How much? ....

19. Have you or your husband or wife any relatives who are able to help you? no

Who? .... How much? ....

Who? .... How much? ....

Who? .... How much? ....

20. Are any of your sons or daughters financially able to contribute to your support in any way? no

If not, give reasons why not........

21. Do you or your husband or wife own any property? no

Who? .... Where? ....

Who? .... Where? ....

Amount owed on property $........ Amount due each month $........

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age $

Spanish War $

World War I $

World War II $

$

B. Benefits

Lodge, Name no

$

Insurance Company no

$

C. Industrial Compensation $ no

D. Income from rents $

E. Income from sale of produce $

F. Income from sale of property $

G. Income from roomers or boarders $

H. Help from any other organization other than the township trustee no

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? no B. Savings Account? no

C. Stocks or Bonds? no D. Other resources? no

24. What are your reasons for asking for admission to the County Home? no place to live and no funds.

25. What actual needs are you unable to supply for yourself? everything.

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

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AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb. } SS:

I, Ralph C. Hoyey, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Union Township, DeKalb. County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Ralph C Howey
Applicant

Subscribed and sworn to before me this 2 day of December, 1953

My Commission expires

Joe Miller.
Trustee or ~~Notary Public~~

STATEMENT OF EXAMINING PHYSICIAN

I, C. R. Clarke of Auburn, in the County of De Kalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☒ poor ☐; that ....he is free from any infectious or contagious disease, except ——— Examination for Syphilis is negative.

Dated this 4 day of Dec, 19 53 C R Clarke MD.

Examining Physician

CERTIFICATE OF INVESTIGATOR

I, Joe Miller, Trustee of Union Twp. of De Kalb, County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant ~~(has)~~ (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution
In case of necessity	notify Earl	Summers

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA }
.... County } SS:

Commissioners Court,
.... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this .... day of ...., 19........

....
....
....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

STATE OF INDIANA
COUNTY OF DEKALB } SS:

IN THE DEKALB CIRCUIT COURT

February Term, 1953

In the Matter of the Alleged
Insanity of
Barbara Juhasz

CAUSE NO. 22840

BE IT REMEMBERED, That on the 4th day of April, 1953, the same being the 54th Judicial day of the February Term, 1953, of the DeKalb Circuit Court, held at the said Court House, Auburn, Indiana, before the Honorable W. D. Stump, Judge of said Court, the following proceedings were had in the above entitled cause:

An order having been heretofore made in this cause for the admission of Barbara Juhasz for care and treatment to the Dr. Norman M. Beatty Memorial Hospital and a commitment having been ordered for the admission of said Barbara Juhasz to said institution and her admission thereto being delayed because of lack of room in said institution, and it appearing that there are no other members of the family of said Barbara Juhasz, who are able to maintain her in their homes, the Court now finds and determines that the conditions and facilities of the DeKalb County Home are suitable to meet the temporary needs of said person until an acceptance can be received from the said Dr. Norman M. Beatty Memorial Hospital, to which she has been legally committed.

The Court now orders the placement of said Barbara Juhasz in said County Home until she can be accepted as a patient in said Dr. Norman M. Beatty Memorial Hospital of until otherwise discharged according to law.

Steve Szeman
Hamilton 2408

Juhasz, Barbara

Steve Szeman
Hamilton 2408

Theodore Everetts
Hamilton
phone 2094

STATE OF INDIANA
COUNTY OF DEKALB } SS:

I, RALPH W. BRUCE, Clerk of the DeKalb Circuit Court, DeKalb County, Indiana, hereby certify that the foregoing is a full, true and correct copy of Order Committing to County Farm entered and signed in the above entitled cause by said Court, as the same appears and remains on record in Civil Order Book 75, at page 210, of said Court, in my office.

IN TESTIMONY WHEREOF, Witness my name and the seal of said Court hereto subscribed and affixed, at the city of Auburn this 6th day of April, 1953

Ralph W. Bruce
Clerk DeKalb Circuit Court

Prescribed by State Department of Public Welfare

S.D.P.W. 1207

COUNTY POOR ASYLUM ADMISSION ORDER

From Concord Township, Dekalb County

(A separate admission order must be made for each person sent to the county poor asylum.)

Name Samuel Malone Address St Joe Ind.

Sex male Color white Married, single, [✓ widowed] or divorced?

Father's Name Jacob Malone Address St Joe Ind

Mother's maiden name Magie Malone Address St Joe Ind

Living children:

Name ______ Address ______

Name ______ Address ______

Name ______ Address ______

Are the children, or is any one of them, able to provide support? If so, specify. ______

Is the applicant able to pay all or any part of the cost of his maintenance? Specify. ______

In the event of death or other emergency, notify ______

LEGAL SETTLEMENT DATA

Place of birth St Joe Dekalb Co. Ind Date of birth April 28 - 1876

Applicant came to Indiana from ______ Date ______

Became resident of ______ County, Date ______

Became resident of ______ Township, Date ______

Where has applicant resided during the past two years? ______

APPLICANT'S CERTIFICATE: I hereby certify that the above statements are true, to the best of my knowledge and belief.

Signed: ______ (Applicant or Proxy)

If applicant does not have legal settlement in this county, on what ground is admission order based? ______

ADMISSION ORDER

March 21 Ind., Concord 1940

TO THE SUPERINTENDENT, COUNTY POOR ASYLUM:

Dear Sir: Please admit the above named ______ to the county poor asylum for ______ care.

(Specify whether for temporary or permanent care)

(Signed) S. A. Mumaw

Trustee Concord Township, Dekalb County

MEDICAL EXAMINER'S CERTIFICATE

This certifies that I have this day examined the above named, ______

and find h___ to be ______

(Signed) ______ Medical Examiner. Date ______

NOTE:—Trustee will communicate with the superintendent of the county poor asylum, wherever possible, before sending applicant to asylum for admission. For laws governing admission, see reverse side of this blank.

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Richland Township DeKalb County

1. Name Patric Mc Carty Sex Male
2. Address Corunna Ind 3. Township Rich
4. Place of Birth 5. Date of Birth
6. Age 73 7. American Citizen
8. Length of Time Lived in Township Years Months
9. Name of Guardian (if one has been appointed) None
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

McCarty, Patrick

14. Are you or any member of your family employed now? No.

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? No Past Occupation Laborer

If not able to work, give reasons why not Health

16. Are you looking for work?

17. Have you been offered a job in the last two months?

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? No

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? No

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? No

If not, give reasons why not Have none

21. Do you or your husband or wife own any property? No

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age No $

Spanish War No $

World War I No $

World War II No $

$

B. Benefits

Lodge, Name

$

Insurance Company None

$

C. Industrial Compensation $

D. Income from rents $ None

E. Income from sale of produce $ None

F. Income from sale of property $ None

G. Income from roomers or boarders $ None

H. Help from any other organization other than the township trustee

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? No B. Savings Account? No

C. Stocks or Bonds? No D. Other resources? No

24. What are your reasons for asking for admission to the County Home? No Place To go

25. What actual needs are you unable to supply for yourself? None

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Patrick McCarty., being first duly sworn, upon my oath depose and say that my legal settlement or residence is Richland Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed
Applicant

Subscribed and sworn to before me this 21 day of April, 1948

My Commission expires

J. E. Sherrick
Trustee or Notary Public

McCarty, Patrick

STATEMENT OF EXAMINING PHYSICIAN

I, ... of ...., in the County of ...., State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☑; that ....he is free from any infectious or contagious disease, except ....

....

Dated this............day of ...., 19........ P B K[illegible] MD
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, J. E. Sherrick ...., ...

of DeKalf ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (~~has~~) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA } SS: Commissioners Court,
.... County } .... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....

....

....................................;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this .... day of ...., 19........ Oscar Fulk Pres

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Newville Township DeKalb County

1. Name Ima Miller Sex
2. Address R 1 Butler 3. Township Newville
4. Place of Birth Newville Twp. 5. Date of Birth July 15 1876
6. Age 73 7. American Citizen yes
8. Length of Time Lived in Township 73 yrs Years Months
9. Name of Guardian (if one has been appointed)
10. Address of Guardian

Wm. P. Miller. Deceased

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Arthur Rhoades	M		Retired		Brother
Minnie Fales	F		Housewife		Sister
Bethel Shaffer	F		Housewife		Sister
Ethel McCollough	F		Housewife		Sister

Ralph McCollough Butler Ind Phone 10F3

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

14. Are you or any member of your family employed now? no

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? no Past Occupation Housewife

If not able to work, give reasons why not Infirm & Oldage

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? no

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you?

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not no

21. Do you or your husband or wife own any property? Yes

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions
Old Age $ 33.00 per mo
Spanish War $
World War I $
World War II $
$

B. Benefits
Lodge, Name
$
Insurance Company
$

C. Industrial Compensation $

D. Income from rents $
E. Income from sale of produce $
F. Income from sale of property $
G. Income from roomers or boarders $
H. Help from any other organization other than the township trustee
Give name
Amount $

23. Do you or your husband or wife have: A. Bank Account? B. Savings Account?
C. Stocks or Bonds? D. Other resources?

24. What are your reasons for asking for admission to the County Home? Old Age

25. What actual needs are you unable to supply for yourself? living

26. Have you exhausted all other means of living? no

27. Any other statements about matters concerning your application not covered by the foregoing questions
none

AFFIDAVIT OF APPLICANT

State of Indiana
County of } SS:

I, Imo Miller, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Newville Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Admitted Dec 5 1949

Signed X Imo Miller
By Ralph McCollough
Applicant

Subscribed and sworn to before me this 29 day of November, 1949.

My Commission expires

Wayne Benning
Trustee or ~~Notary Public~~
Newville Twp

Miller, Imo

STATEMENT OF EXAMINING PHYSICIAN

I, C. K. Clarke MD. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☒ for her age fair ☐ poor ☐; that S he is free from any infectious or contagious disease, except ....

Dated this 28 day of November, 1949 C. K. Clarke MD.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now ....
and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....................;
and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this ...... day of ...., 19......

....

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

was addmitted

# APPLICATION July 10th 1950
for
ADMISSION TO COUNTY HOME

Grant Township Dekalb County

1. Name Lillie F. Morrison Sex F
2. Address Waterloo 3. Township Grant
4. Place of Birth DeKalb County, Indiana 5. Date of Birth Dec. 24, 1874
6. Age 75 7. American Citizen yes
8. Length of Time Lived in Township 75 Years Months
9. Name of Guardian (if one has been appointed) Troden H. Bookmiller
10. Address of Guardian Waterloo, Indiana

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
None					

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

14. Are you or any member of your family employed now? —

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? No Past Occupation Housewife

If not able to work, give reasons why not nearly blind, and infirm

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? no

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? no

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not

21. Do you or your husband or wife own any property? yes

Who? I do Where? Waterloo, Indiana

Who? Where?

Amount owed on property $ none Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age $ —

Spanish War $ —

World War I $ —

World War II $ —

$

B. Benefits

Lodge, Name —

$

Insurance Company —

$

C. Industrial Compensation $ 23.18 monthly

D. Income from rents $ —

E. Income from sale of produce $ —

F. Income from sale of property $ —

G. Income from roomers or boarders $ —

H. Help from any other organization other than the township trustee

Give name —

Amount $

23. Do you or your husband or wife have: A. Bank Account? — B. Savings Account? —

C. Stocks or Bonds? — D. Other resources? —

24. What are your reasons for asking for admission to the County Home? All alone; nearly blind, and infirm

25. What actual needs are you unable to supply for yourself?
I can pay my way for a while

26. Have you exhausted all other means of living?

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Lillie F. Morrison, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Grant Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed X
Applicant

Subscribed and sworn to before me this 19 day of May, 1940

My Commission expires

Otto R Shuman
Trustee or Notary Public
Trustee Grant Twp.

STATEMENT OF EXAMINING PHYSICIAN

I, C. R. Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒; that she is free from any infectious or contagious disease, except ....

Dated this 28 day of June, 1950

C. R. Clarke M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA }
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this ...... day of ...., 19......

....

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts   1305   County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Fairfield Township   DeKalb County

1. Name Chas C. Schwartz   Sex Male
2. Address Butler Ind   3. Township Smithfield
4. Place of Birth DeKalb Co   5. Date of Birth 1866
6. Age 85   7. American Citizen yes
8. Length of Time Lived in Township 28 Years ---- Months
9. Name of Guardian (if one has been appointed) None
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Eva E Schwartz		77	—	—	Wife
Albert C. Schwartz		34	Laborer		Son
Rosetta M. Kessler		43	House Wife	—	Daughter

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? yes

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? yes

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? yes

14. Are you or any member of your family employed now?

Who? Albert C. Schwartz Where? Ft. Wayne Harvester Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? No Past Occupation —

If not able to work, give reasons why not Age

16. Are you looking for work?

17. Have you been offered a job in the last two months?

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? No

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? No-

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? No

If not, give reasons why not Each have Large Family

21. Do you or your husband or wife own any property? No

Who? Where?

Who? Where?

Amount owed on property $ 00 Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age yes $ In Convelesent Home

Spanish War $

World War I $

World War II $

$

B. Benefits No

Lodge, Name

$

Insurance Company

$

C. Industrial Compensation $

D. Income from rents $00

E. Income from sale of produce $00

F. Income from sale of property $00

G. Income from roomers or boarders $00

H. Help from any other organization other than the township trustee No

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? No B. Savings Account? No

C. Stocks or Bonds? No D. Other resources? No

24. What are your reasons for asking for admission to the County Home?

Convelesent Home refuses to keep him

25. What actual needs are you unable to supply for yourself?

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Chas. G. Schwartz, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Fairfield Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed
Applicant

Subscribed and sworn to before me this 16 day of Feb, 1952

My Commission expires

Charles Schwartz

Ora E. Rowe
Trustee or Notary Public

Schwartz, Charles

STATEMENT OF EXAMINING PHYSICIAN

I, R.L. Clarke M.D. of Auburn, in the County of DeKalb

State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☒ poor ☐; that ....he is free from any infectious or contagious disease, except ....

Dated this 11 day of Feb., 1952 R.L. Clarke M.D.

Examining Physician

CERTIFICATE OF INVESTIGATOR

I, Ora E. Rowe, Trustee

of Fairfield Twp, DeKalb County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant ~~(has)~~ (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA } SS: Commissioners Court,

.... County } .... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

..............................;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....

Institution

Dated this .... day of ...., 19........

....

....

....

Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

WILMINGTON Township DEKALB County

1. Name GROVER SEEMAN Sex

2. Address BUTLER IND. 3. Township WILMINGTON

4. Place of Birth STAFFORD TWP DEKALB Co IND 5. Date of Birth 1885

6. Age 63 7. American Citizen YES

8. Length of Time Lived in Township 10 Years Months

9. Name of Guardian (if one has been appointed) NO

10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
WIFE DECEASED					
DAUGHTER, BERTHA MOCK,			ADDRESS UNKNOWN		

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? NO

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? YES

14. Are you or any member of your family employed now? NOT TO MY KNOWLEDGE

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? NO Past Occupation JUNKER

If not able to work, give reasons why not CANT STAND IT

16. Are you looking for work? No

17. Have you been offered a job in the last two months? No

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? No

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? No.

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? No

If not, give reasons why not

21. Do you or your husband or wife own any property? YES

Who? SELF Where? BUTLER

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions No

Old Age $

Spanish War $

World War I $

World War II $

$

B. Benefits No

Lodge, Name

$

Insurance Company

$

C. Industrial Compensation No $

D. Income from rents No $

E. Income from sale of produce No $

F. Income from sale of property No $

G. Income from roomers or boarders No $

H. Help from any other organization other than the township trustee

Give name No

Amount $

23. Do you or your husband or wife have: A. Bank Account? No B. Savings Account? No

C. Stocks or Bonds? No D. Other resources?

24. What are your reasons for asking for admission to the County Home? NEED HELP

25. What actual needs are you unable to supply for yourself? FOOD - CLOTHES - HEAT

26. Have you exhausted all other means of living? YES

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Grover Seeman, being first duly sworn, upon my oath depose and say that my legal settlement or residence is ~~Butler~~ Wilmington Township, W. DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Grover Seeman
by [illegible] Trustee
Applicant

Subscribed and sworn to before me this ...... day of ...., 19....

My Commission expires ....

Trustee or Notary Public

Seeman, Grover

STATEMENT OF EXAMINING PHYSICIAN

I, Chas I Weirich MD of Butler, in the County of Dekalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☑; that ....he is free from any infectious or contagious disease, except

Dated this 6 day of Feb, 1948. Chas I Weirich M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now ....
and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this .... day of ...., 19........

Oscar Fruk Pres
....
....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

UNION Township DE KALB County

1. Name GEORGE SHOEMAKER. Sex MALE
2. Address AUBURN. 3. Township UNION
4. Place of Birth ILLINOIS 5. Date of Birth JAN 4. 1873.
6. Age 76 7. American Citizen YES.
8. Length of Time Lived in Township 2 Years Months
9. Name of Guardian (if one has been appointed) NONE
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
LUHU SHOEMAKER	F	73	NO	NO	SISTER.
WILLIAM SHOEMAKER	M	40	U.S. NAVY.		SON
EDWARD SHOEMAKER	M	42	RETIRED USA OFFICER		SON
TARNER SHOEMAKER	M	38	RAILROADER		SON
South Wayne St. Ft. Wayne					

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? NO.

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? ✓

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? YES

14. Are you or any member of your family employed now? YES.

Who? William Shoemaker Where? MASS. Wages

Who? TARNEY " Where? FORT WAYNE IND. Wages

Who? EDWARD " Where? CALIFORNIA. Wages

15. Are you able to work? No Past Occupation PAINTER

If not able to work, give reasons why not HEALTH BAD.

16. Are you looking for work? No.

17. Have you been offered a job in the last two months? No.

Where? ✓ Wages ✓

18. Have you or your husband or wife any relatives who are helping you? No.

Who? ✓ How much? ✓

Who? ✓ How much? ✓

Who? ✓ How much? ✓

19. Have you or your husband or wife any relatives who are able to help you? YES.

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? YES.

If not, give reasons why not

21. Do you or your husband or wife own any property? YES.

Who? GEORGE SHOEMAKER Where? AUBURN, IND.

Who? Where?

Amount owed on property $ NONE Amount due each month $ NONE

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age $ ✓

Spanish War $ ✓

World War I $ ✓

World War II $ ✓

Soc. Security $ 18.48 Mo.

B. Benefits

Lodge, Name

$ ✓

Insurance Company

$ ✓

C. Industrial Compensation $ ✓

D. Income from rents $ ✓

E. Income from sale of produce $ ✓

F. Income from sale of property $ ✓

G. Income from roomers or boarders $ ✓

H. Help from any other organization other than the township trustee

Give name ✓

Amount ✓ $ ✓

23. Do you or your husband or wife have: A. Bank Account? ✓ B. Savings Account? ✓

C. Stocks or Bonds? ✓ D. Other resources? ✓

24. What are your reasons for asking for admission to the County Home? UNABLE TO WORK.

25. What actual needs are you unable to supply for yourself? EVERYTHING.

26. Have you exhausted all other means of living? YES.

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DEKALB } SS:

I, GEORGE SHOEMAKER, being first duly sworn, upon my oath depose and say that my legal settlement or residence is UNION Township, DEKALB County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed George Shoemaker
Applicant

Subscribed and sworn to before me this 13 day of JULY, 1949.

My Commission expires

Joe Miller.
Trustee ~~or Notary Public~~

Shoemaker, George

STATEMENT OF EXAMINING PHYSICIAN

I, C R Clarke of Auburn Ind, in the County of DeKalb State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒; that he is free from any infectious or contagious disease, except Examined for syphilis & it was negative. Health is very poor, and can hardly move. He is practically a bed patient.

Dated this 13 day of July, 1949 C R Clarke M.D.

Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19........

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....

Institution

Dated this .... day of ...., 19........

....

....

....

Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Prescribed by State Department of Public Welfare
3000—1-1-44

S.D.P.W. Form 1207

COUNTY POOR ASYLUM ADMISSION ORDER

From Concord Township, DeKalb County
(A separate admission order must be made for each person sent to the county poor asylum.)

Name EARL SOWERS Address St JOE IND, RR

Sex MALE Color WHITE Married, single, widowed or divorced? SINGLE

Father's Name DEAD David Sowers Address

Mother's maiden name DEAD Sarah Dorsy Address

Living children:

Name NONE Address

Name Address

Name Address

Are the children, or is any one of them, able to provide support? If so, specify.

Is the applicant able to pay all or any part of the cost of his maintenance? Specify. NO

In the event of death or other emergency, notify MRS, HENRY MILLER ANTWERP OHIO. R.R

LEGAL SETTLEMENT DATA

Place of birth ALLEN Co. IND. Date of birth OCT 12 1877

Applicant came to Indiana from Date

Became resident of DE KALB County, Date JUNE 3 - 1940

Became resident of CONCORD Township, Date JUNE 3 - 1940

Where has applicant resided during the past three years? CONCORD TOWNSHIP

APPLICANT'S CERTIFICATE: I hereby certify that the above statements are true, to the best of my knowledge and belief.

Signed: Earl Clinton Sowers (Applicant or Proxy)

If applicant does not have legal settlement in this county, on what ground is admission order based?

ADMISSION ORDER

St JOE Ind., JAN 21 1947

TO THE SUPERINTENDENT, COUNTY POOR ASYLUM:

Dear Sir: Please admit the above named EARL SOWERS to the county poor asylum as one who has/has not/legal settlement in this township.
(Strike out either has or has not from the above line.)

(Signed) D. B. Ridgway
Trustee Concord Township, DeKalb County

MEDICAL EXAMINER'S CERTIFICATE

This certifies that I have this day examined the above named, Earl Sowers

and find him to be free from communicable diseases

(Signed) Harold Mugun M.D. Medical Examiner. Date 22 Jan 47.

NOTE:—Trustee will communicate with the superintendent of the county poor asylum, wherever possible, before sending applicant to asylum for admission. For laws governing admission, see reverse side of this blank.

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Wilmington Township Dekalb County

Died here Mar 13th 1949

1. Name IDA STOAKES Sex F
2. Address 409 So Bway Butler Ind 3. Township Wilmington
4. Place of Birth Milford Ohio 5. Date of Birth 1865
6. Age 83 7. American Citizen Yes
8. Length of Time Lived in Township 39 years Years Months
9. Name of Guardian (if one has been appointed) None
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Geo. Blackwell	M	62	Farmer	1500	Son
Harry Blackwell	M	57	unemployed - incapacitated		Son
Hilda Schaumloeffel	F	47	Housewife	No	daughter

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? Yes

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? Yes

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? Yes

14. Are you or any member of your family employed now? No

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? No Past Occupation

If not able to work, give reasons why not Age

16. Are you looking for work? No

17. Have you been offered a job in the last two months? No

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? dau

Who? Hilda SCHAUMLOEFFEL How much?
2100 MADISON AVE APT 25
Who? TOLEDO, O. How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? above 7^{00} per wk

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not 7^{00} per week

21. Do you or your husband or wife own any property? Life Lease in Parcel Dwelling

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions
- Old Age $ 24^{00} mo
- Spanish War $ No
- World War I $ No
- World War II $ No
- $ No

B. Benefits
- Lodge, Name No
- $
- Insurance Company No
- $

C. Industrial Compensation $ No

D. Income from rents $ No

E. Income from sale of produce $ No

F. Income from sale of property $ No

G. Income from roomers or boarders $ No

H. Help from any other organization other than the township trustee
- Give name No
- Amount $

23. Do you or your husband or wife have: A. Bank Account? No B. Savings Account? No

C. Stocks or Bonds? No D. Other resources? No

24. What are your reasons for asking for admission to the County Home? Can't Care for self and Can't be Cared for Elsewher

25. What actual needs are you unable to supply for yourself? food heat & Clothing

26. Have you exhausted all other means of living? Yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, Ida Stoakes, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Wilmington Township, DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Ida Stoakes

Signed By Hilda Schaumloeffel
Applicant

Subscribed and sworn to before me this 29 day of June, 1948

My Commission expires

Trustee or Notary Public

Stoakes, Ida

STATEMENT OF EXAMINING PHYSICIAN

I, Clayton Hathaway MD of Butler Ind, in the County of DeKalb State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒, that she is free from any infectious or contagious disease, except

Dated this 29 day of Jan, 1948. Clayton K Hathaway MD
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ______, ______

of ______, ______ County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution
MRS HILDA SCHAUMLOEFFEL	DAU	7.00
2100 MADISON AVE APT. 25		
TOLEDO OHIO	TEL ADAMS 5334	

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
______ County } SS:

Commissioners Court,
______ Term, 19______

In the matter of the application of ______ for admission to the County Home.

Comes now ______ and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ______

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

______
Institution

Dated this ______ day of ______, 19______

______

______

(Action of Board of Commissioners to be recorded in Commissioners Record)

______
Commissioners

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Union Township DeKalb. County

1. Name Jack Tajnsh Sex M.
2. Address 66. N. Jackson St 3. Township Union
4. Place of Birth Chicago Ill. 5. Date of Birth Nov. 13 - 1901.
6. Age 53.
7. American Citizen yes.
8. Length of Time Lived in Township 23 Years 6 Months
9. Name of Guardian (if one has been appointed) none
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Mary Tajnsh	F.		Inmate State School Ft Wayne		Sister
Hallie Elizabeth Tracy	F.		Housewife		''

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? no

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

14. Are you or any member of your family employed now? no

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? no Past Occupation Book Keeper

If not able to work, give reasons why not Spastic Paralysis

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? ~~K. D. Tracy~~ Wages

18. Have you or your husband or wife any relatives who are helping you? yes

Who? K. D. Tracy How much? $20.00 per mo.

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? yes

Who? K. D. Tracy How much? 20.00 per mo.

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way?

If not, give reasons why not

21. Do you or your husband or wife own any property? no

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions
- Old Age $
- Spanish War $ No
- World War I $
- World War II $
- $

B. Benefits
- Lodge, Name
- $
- Insurance Company
- $

C. Industrial Compensation $

D. Income from rents $

E. Income from sale of produce $

F. Income from sale of property $

G. Income from roomers or boarders $

H. Help from any other organization other than the township trustee ~~no~~ no.
- Give name
- Amount $

23. Do you or your husband or wife have: A. Bank Account? no. B. Savings Account?

C. Stocks or Bonds? D. Other resources? none.

24. What are your reasons for asking for admission to the County Home? not able to care for self.

25. What actual needs are you unable to supply for yourself? Everything.

26. Have you exhausted all other means of living? yes.

27. Any other statements about matters concerning your application not covered by the foregoing questions

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AFFIDAVIT OF APPLICANT

State of Indiana } SS:
County of DeKalb }

I, Jack Tainsh, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Union Township, DeKalb. County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed x Jack Tainsh.
Applicant

Subscribed and sworn to before me this 9 day of November 1954

My Commission expires

Joe Miller
Trustee ~~or Notary Public~~

STATEMENT OF EXAMINING PHYSICIAN

I, C.R. Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒; that ....he is free from any infectious or contagious disease, except

Dated this 16 day of November, 1954

C.R. Clarke M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, Joe Miller, Trustee of Union Twp., DeKalb County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution
K. D. Tracy	brother in Law	$5.00
and Hospital and Burial.		

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now ....
and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this ...... day of ...., 19......

....

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

Entered home Feb 4-1951

APPLICATION
for
ADMISSION TO COUNTY HOME

Keyser Township DeKalb. County

1. Name William Abraham Topper Sex male
2. Address 712 Cowen St. Garrett Indiana 3. Township Keyser.
4. Place of Birth Butler Indiana 5. Date of Birth December 25th 1868.
6. Age 82 years 7. American Citizen yes.
8. Length of Time Lived in Township 36 Years 7 Months
9. Name of Guardian (if one has been appointed) none.
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Emma Topper.	Female	57	invalid	none	wife.
Dell-Marie Creager	Female	50	housewife	none	daughter.

712- Cowen St: Garrett - Indiana Phone 428-R

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? —

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? no

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? yes.

14. Are you or any member of your family employed now? no

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? no Past Occupation Railroad trackman

If not able to work, give reasons why not old age

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? no

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? no

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? no

If not, give reasons why not unnecessary

21. Do you or your husband or wife own any property? no

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions Railroad Retirement.

Old Age yes $ 60.00

Spanish War no $

World War I no $

World War II no $

$

B. Benefits

Lodge, Name

$

Insurance Company

$

C. Industrial Compensation $

D. Income from rents no $

E. Income from sale of produce no $

F. Income from sale of property no $

G. Income from roomers or boarders no $

H. Help from any other organization other than the township trustee

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? no B. Savings Account? no

C. Stocks or Bonds? no D. Other resources? no

24. What are your reasons for asking for admission to the County Home? physical condition of daughter and wife unable to care for me

25. What actual needs are you unable to supply for yourself? ✓

26. Have you exhausted all other means of living? ✓

27. Any other statements about matters concerning your application not covered by the foregoing questions will pay required amount for room & board.

AFFIDAVIT OF APPLICANT

State of Indiana
County of DeKalb } SS:

I, William Abraham Topper, being first duly sworn, upon my oath depose and say that my legal settlement or residence is 712 Cowen St Garrett Township, Keyser DeKalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed x
Applicant

Subscribed and sworn to before me this 3 day of February, 1951.

My Commission expires

Lester Snure
Trustee or ~~Notary Public~~
Keyser twp

Topper, William

STATEMENT OF EXAMINING PHYSICIAN

I, J. R. Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒; that ....he is free from any infectious or contagious disease, except ,

Dated this 29 day of January, 1950.

J. R. Clarke M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, Lester Simmers, Trustee Keyser Twp of Garrett Ind., Dekalb County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this ...... day of ...., 19......

(Action of Board of Commissioners to be recorded in Commissioners Record)

....

....

....
Commissioners

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Keyser Township Dekalb County

1. Name Sylvia Ward Sex Female
2. Address 407 N Franklin 3. Township
4. Place of Birth Ohio 5. Date of Birth Sept 1883
6. Age 64 7. American Citizen Yes
8. Length of Time Lived in Township 63 Years Months
9. Name of Guardian (if one has been appointed)
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Don Mercer	male	36	Plaster	70.00 Per wk	Son
Florene Gillispie	Female	38			

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? Yes

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? Yes

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? Yes

14. Are you or any member of your family employed now?

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? No Past Occupation Housewife

If not able to work, give reasons why not

16. Are you looking for work? No

17. Have you been offered a job in the last two months? NO

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? NO

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? NO

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? No

If not, give reasons why not Not financially able

21. Do you or your husband or wife own any property? NO

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age No $ No

Spanish War No $ No

World War I No $ No

World War II No $ No

$

B. Benefits

Lodge, Name

$

Insurance Company

$

C. Industrial Compensation $

D. Income from rents No $

E. Income from sale of produce $ No

F. Income from sale of property $ No

G. Income from roomers or boarders $ No

H. Help from any other organization other than the township trustee

Give name No

Amount $

23. Do you or your husband or wife have: A. Bank Account? No B. Savings Account?

C. Stocks or Bonds? D. Other resources?

24. What are your reasons for asking for admission to the County Home? No Home or relatives able to support

25. What actual needs are you unable to supply for yourself?

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of Dekalb } SS:

I, Sylvia Ward, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Keyser Township, Dekalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Sylvia Ward
Applicant

Subscribed and sworn to before me this 9 day of January, 1948

My Commission expires

Lester Smurr
Trustee or Notary Public

STATEMENT OF EXAMINING PHYSICIAN

I, C. R. Clarke MD. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒; that she is free from any infectious or contagious disease, except Report of Indiana State Health Board Laboratory herewith attached indicates she has not syphilis

Dated this Jan 14 day of January, 1948 C R Clarke MD.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, ..., ...

of ...., ... County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA }
.... County } SS:

Commissioners Court,
.... Term, 19.......

In the matter of the application of .... for admission to the County Home.

Comes now .... and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....

....

...........................;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this .... day of ...., 19.......

Oscar Fulk Pres
....
....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Union Township DeKalb. County

1. Name Mrs. Minnie Maude Wood Sex Female
2. Address 601 N. Union St. Auburn Ind 3. Township Union.
4. Place of Birth Stafford Twp. 5. Date of Birth 22 Aug. 1883
6. Age 66. 7. American Citizen yes.
8. Length of Time Lived in Township 2 Years 10 Months
9. Name of Guardian (if one has been appointed)
10. Address of Guardian

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Laura Williams	303	N	Jackson		Sister
Lenna Wilson	Phone		1227W.		Nephew

78

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age?

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age?

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings?

Form Prescribed by State Board of Accounts 1305 County Form No. 77-A 1947

APPLICATION
for
ADMISSION TO COUNTY HOME

Union Township DeKalb County

1. Name Jacob Christian Zearns Sex Male
2. Address Auburn R.R.4 3. Township Union
4. Place of Birth Penn. 5. Date of Birth 29 July 1884
6. Age 63 7. American Citizen yes
8. Length of Time Lived in Township 28 Years Months
9. Name of Guardian (if one has been appointed) none
10. Address of Guardian —

FAMILY

Name	Sex	Age	Occupation	Income	Relationship
Jacob Christian Zerns	M.	63	—	—	Applicant.

11. Did you provide each of the sons above listed with necessary food, shelter, clothing, medical attention and education until he was sixteen (16) years of age? no sons

12. Did you provide each of the daughters above listed with necessary food, shelter, clothing, medical attention and education until she was seventeen (17) years of age? no daughters

13. Do you understand if you have sons or daughters over the age of twenty-one (21) and that if you furnished them with the necessities above enumerated until they reached the ages designated in questions 11 and 12, that it is their legal civil duty to contribute to your support if they are financially able to do so by reason of their property, income or earnings? yes.

14. Are you or any member of your family employed now? no

Who? Where? Wages

Who? Where? Wages

Who? Where? Wages

15. Are you able to work? no Past Occupation Janitor.

If not able to work, give reasons why not Heart trouble and Indigestion

16. Are you looking for work? no

17. Have you been offered a job in the last two months? no

Where? Wages

18. Have you or your husband or wife any relatives who are helping you? no

Who? How much?

Who? How much?

Who? How much?

19. Have you or your husband or wife any relatives who are able to help you? no

Who? How much?

Who? How much?

Who? How much?

20. Are any of your sons or daughters financially able to contribute to your support in any way? —

If not, give reasons why not —

21. Do you or your husband or wife own any property? no

Who? Where?

Who? Where?

Amount owed on property $ Amount due each month $

22. Do you or your husband or wife receive any of the following:

A. Pensions

Old Age no $

Spanish War no $

World War I no $

World War II no $

$

B. Benefits none

Lodge, Name

$

Insurance Company none

$

C. Industrial Compensation no $

D. Income from rents none $

E. Income from sale of produce no $

F. Income from sale of property no $

G. Income from roomers or boarders no $

H. Help from any other organization other than the township trustee no

Give name

Amount $

23. Do you or your husband or wife have: A. Bank Account? no B. Savings Account? no

C. Stocks or Bonds? no D. Other resources? no

24. What are your reasons for asking for admission to the County Home? not able to work

25. What actual needs are you unable to supply for yourself? none

26. Have you exhausted all other means of living? yes

27. Any other statements about matters concerning your application not covered by the foregoing questions

AFFIDAVIT OF APPLICANT

State of Indiana
County of De Kalb. } SS:

I, Jacob Zerns, being first duly sworn, upon my oath depose and say that my legal settlement or residence is Union Township, De Kalb County, Indiana; that all statements made in this application are true and correct in every respect as to myself and members of my family and household; that I have not withheld any information regarding any property or sources of income and that I have no other means of support than as stated in this application.

Signed Jacob Zern
Applicant

Subscribed and sworn to before me this 11 day of June, 1948

My Commission expires

Joe Miller Trustee
Trustee or Notary Public

Zern, Jacob

STATEMENT OF EXAMINING PHYSICIAN

I, C.R.Clarke M.D. of Auburn, in the County of DeKalb, State of Indiana, hereby certify that I have this day examined the applicant named herein; that the general health of the applicant is good ☐ fair ☐ poor ☒; that ....he is free from any infectious or contagious disease, ~~except~~ Syphilogical report is negative. Has bad case of Endocarditis & Myocarditis.

Dated this 11 day of June, 1948.

C.R.Clarke M.D.
Examining Physician

CERTIFICATE OF INVESTIGATOR

I, Joe Miller, Trustee
of Union Twp., DeKalb County, Indiana, hereby certify that I have made a thorough investigation of the applicant and the statements made in this application and find that the applicant (has) (does not have) property; that the applicant has no relatives, whose legal civil duty it is to contribute to the support of the applicant, nor any other relative, who in my opinion can contribute to the support of the applicant, except:

Name	Relationship	Amount of Weekly Contribution
In case of death Notify	Ed Freeman or	
Geo Telephone	Joe Miller.	

ACTION BY BOARD OF COUNTY COMMISSIONERS

STATE OF INDIANA
.... County } SS:

Commissioners Court,
.... Term, 19......

In the matter of the application of .... for admission to the County Home.

Comes now ....
and presents to the board the application of the aforesaid person for admission to the County Home; and it appearing to the board that the statements in the application (are) (are not) true and correct; that ....

....

....

............;

and it is adjudged that the applicant (should be) (should not be) admitted to the County Home, or

....
Institution

Dated this ...... day of ...., 19......

....

....

....
Commissioners

(Action of Board of Commissioners to be recorded in Commissioners Record)

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